

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Fred		L.
	NICKNAME	LAST	SUFFIX
	McGhee		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2316 Thrasher Ln. Austin, TX 78741		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	275-6027	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Israel		
	NICKNAME	LAST	SUFFIX
	Lopez		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	6800 Villita Avenida Austin, TX 78741		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	791-5427	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	9 /	26 /	2014
THROUGH		Month	Day
		10 /	25 /
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 4 / 2014		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	N/A		Austin City Council District 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

McGhee, Fred

15 ACCOUNT # (Ethics Commission Filers)**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 175

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3115

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 2131.07

**CONTRIBUTION
BALANCE**

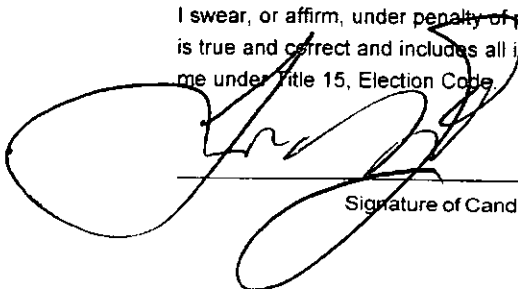
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 5465.77

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 12,500

18 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 Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Fred McGhee, this the 27 day of Oct, 20 14, to certify which, witness my hand and seal of office.

Jannette Sue Gooden
Signature of officer administering oath

Jannette Sue Gooden
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 4	
2 FILER NAME McGhee, Fred			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Casnovsky, Joy		7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3329 E. 12th St. Austin, TX 78702		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) Program Director			10 Employer (See Instructions) Sustainable Food Center	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Prince, Kazique		Amount of contribution (\$) 65	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5408 Pendleton Ln. Austin, TX 78723		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) Jelani Consulting	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carter, Jake		Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3329 E. 12th St. Austin, TX 78702		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Program Manager			Employer (See Instructions) SHI	
Date 10/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bell, Stephen		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4706 Rue Ave. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) President			Employer (See Instructions) Shoal Creek Group	
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nghiep + Carol Tran		Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2605 Wilson St. Austin, TX 78704		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) Restauranteur			Employer (See Instructions) Hai Ky, Winebelly, etc.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 4	
2 FILER NAME McGhee, Fred				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guthikonda, Gopal K.			7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 200388 Austin, TX 78720				(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Senior Advisor			10 Employer (See Instructions) Quality Power, LLC		
Date 10/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Archer, Sewah			Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2921 Govalle Austin, TX 78702				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Project Manager			Employer (See Instructions) UT Austin		
Date 10/4/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carpenter, Candace			Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1621 Coriander St. Austin, TX 78741				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Project Manager			Employer (See Instructions) Self		
Date 10/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leys, Matthew H.			Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5 Barbara St. Newport, RI 02840				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Corcoran, Peckham, Hayes & Galvin		
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goddard, Lisa			Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2316 Thrasher Lane Austin, TX 78741				(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Marketing			Employer (See Instructions) Austin Food Bank		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

McGhee, Fred

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/21/14

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Das Gupta, Sumit

6 Contributor address; City; State; Zip Code

8900 Bluegrass Drive
Austin, TX 78759

7 Amount of
contribution (\$)

\$75

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Retired Senior Vice President

10 Employer (See Instructions)

N/A

Date

10/24/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jameson, Paul

Contributor address; City; State; Zip Code

117 Oak Lane
Cedar Creek, TX 78612

Amount of
contribution (\$)

\$25

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Programmer

Employer (See Instructions)

Spanson

Date

10/21/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Clark, Colin

Contributor address; City; State; Zip Code

302 W. Johanna St.
Austin, TX 78704

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)

N/A

Date

10/22/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Felix & Amanda Benavides

Contributor address; City; State; Zip Code

2400 Thrasher Ln.
Austin, TX 78741

Amount of
contribution (\$)

\$100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Chef

Employer (See Instructions)

Parkside Projects

Date

10/20/14

Full name of contributor

☐ out-of-state PAC (ID# _____)

Flyree McGhee

Contributor address; City; State; Zip Code

2600 Barkwood
Austin, TX 78748

Amount of
contribution (\$)

\$325

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Admin Assistant

Employer (See Instructions)

Wells Fargo Private Bank

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 4	
2 FILER NAME McGhee, Fred				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tansey, Lisa		7 Amount of contribution (\$) \$325		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2600 Barkwood Dr. Austin, TX 78748		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Homemaker			10 Employer (See Instructions) N/A		
Date 10/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McGhee, Theresia		Amount of contribution (\$) \$350		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2316 Thrasher Ln. Austin, TX 78741		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) N/A		
Date 10/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keil, Philip		Amount of contribution (\$) \$200		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 912 Christopher St. Austin, TX 78704		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Architect			Employer (See Instructions) Furman + Keil		
Date 10/24/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fox, Stephen		Amount of contribution (\$) \$100		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1215 Banks Apt. 7 Houston, TX 77006		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Architectural Historian			Employer (See Instructions) Anchorage Foundation of Texas		
Date 10/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sheppard, Jade		Amount of contribution (\$) \$100		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12425 Dorsett Rd. Austin, TX 78727		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Construction			Employer (See Instructions) Gideon		

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME McGhee, Fred		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/22/14	5 Payee name The Austin Villager		
6 Amount (\$) 128	7 Payee address; City; State; Zip Code 4132 E. 12th St., Austin TX 78721		
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 T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 10/11/14	Candidate / Officeholder name Payee name Costco		
Amount (\$) 612	Payee address; City; State; Zip Code 4301 W. William Cannon Dr., Austin, TX 78749		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Stamps & Envelopes	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 9/29/14	Candidate / Officeholder name Payee name Lowe's		
Amount (\$) 78	Payee address; City; State; Zip Code 5510 S. IH-35, Austin, TX 78745		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Sign Hardware	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 9/15/14	Candidate / Officeholder name Payee name Facebook		
Amount (\$) 350	Payee address; City; State; Zip Code 601 Willow Road, Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Social Media Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME McGhee, Fred	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/28/14	5 Payee name La Voz	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code P.O. Box 19457, Austin, TX 78760	
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 T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/22/14	Payee name Opinion Analysts	
Amount (\$) 60.01	Payee address; City; State; Zip Code 906 Rio Grande St., Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 9/26/14	Payee name Opinion Analysts	
Amount (\$) 27.06	Payee address; City; State; Zip Code 906 Rio Grande St., Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/24/14	Payee name Austin Chronicle	
Amount (\$) 776	Payee address; City; State; Zip Code P.O. Box 49066, Austin TX 78765	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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