

# POLITICAL COMMITTEE SPECIAL PRE-ELECTION REPORT OF DIRECT EXPENDITURES

FORM PAC-E

1 ACCOUNT # (Ethics Commission Filers) 00035370		2 PAGE # 1 of 1		OFFICE USE ONLY	
3 COMMITTEE NAME Austin Board of REALTORS Political Action Committee		FILED IN THE OFFICE OF CITY CLERK AT 1:32 P.M. DAY OF OCT 20 14 JOURNAL CLERK FOR REALITY PROJECT CITY CLERK			
4 CAMPAIGN TREASURER NAME					
MS / MRS / MR FIRST MI Emily NICKNAME LAST SUFFIX Chenevert					
5 CAMPAIGN TREASURER'S MAILING ADDRESS		STREET OR PO BOX APT / SUITE # CITY STATE ZIP CODE 10900 Stonelake Blvd., Ste. A-100 Austin, TX 78759		Date Hand-delivered Date Processed Date Imaged	
DIRECT CAMPAIGN EXPENDITURES					

## 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.

6 Date 10/27/2014	7 Payee name Littlefield Consulting		
8 Amount (\$) \$24,589.00	9 Payee address City: State: Zip Code PO Box 90591 Austin, TX 78709		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Candidate advertising & door hangers	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Riley, Chris	Office sought:	Office held: Austin City Council
Date	Payee name		
Amount (\$)	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"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
Amount (\$)	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"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held: