GENERAL-P	FORM GPAC						
CAMPAIGN	FINANCE REPORT	COVER SH	EET PG 1				
The GPAC Instruction G	2 Total pages filed:						
3 COMMITTEE NAME		OFFICE USE-QNLY					
AUSTIN C	Date Received	AUSTI R DEC					
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE		RECE				
Change of Address	1300 W. OLTSRF	HD/PM	PITY				
	#6 AUSITU, TX 78704	Receipt #					
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MF. WILLIAM H.	Date Processed	<u> </u>				
	NICKNAME LAST SUFFIX A3£LL	Date Imaged					
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE: 1300 W. DLTOLF #6 AVS 74 TX 78704	ZIP CODE					
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of Address	STREET OR PO BOX; APT/SUITE#; CITY, STATE;	ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (5u) 477 - 1551 # 71-5						
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election Runoff	Dissolution (attach PAC-	, ·				
10 PERIOD COVERED	Month Day Year	Month Day	Year				
	11 /5 / 14 THROUGH	2/7/	14				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year						
	13/16/14 Primary Runoff [General	Special				
GO TO PAGE 2							

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPUSE A	AD IOIMES		COVER SHEET PG Z		
12 COMMITTEE NAM			ACCOUNT # (Ethics Commission Filers)		
13 COMMITTEE ACTIVITY (attach lists on plain paper to complete this report if necessary.)	Candidates (identify by name or, if applicable, classify by party)	A. Supported B. Opposed			
	Measures (describe by date and location of election and	A. Supported			
	nature of issue) 3. Officeholders Assisted	B. Opposed			
	(identify by name or, if applicable, classify by party)				
14 CONTRIBUTION TOTALS	PLEDGES, LC	MIZED POLITICAL CONTRIBUTIONS (OTHER THAN DANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE if this report qualifies for the higher itemization threshol	1 🔻		
<u></u>		LITICAL CONTRIBUTIONS N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLIT	ICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	+ 150		
	4. TOTAL POL	ITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE		TICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS		CIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF F THE REPORTING PERIOD	THE \$		
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					
THOMAS A. GRAUZER Notary Public. State of Texas My Commission Expires November 19, 2018 Signature of Campaign Treasurer					
Sworn to and subscribed before me, by the said william Hill thell , this the					
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath		

SCHEDULE F

POLITICAL EXPENDITURES

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Accounting/Banking Solicitation/Fundraising Expense Legal Services

P.O. Box 12070

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

(512) 463-5800

Event Expense Fees	Food/Beverage Expense Travel Out Of Dist Polling Expense Office Overhead/F Printing Expense	Rental Expense	Contributions/Donations Made By Candidate/Officeholder/Political Comm OTHER (enter a category not listed above	
	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F:	AUSTIN COMMUNITY CS	KITEN	3 ACCOUNT # (Ethics Commission 47-1938750	Filers)
4 Date 12/3/14	5 Payee name CHRISTORITIES INTLLER W.	UTT42		
6 Amount (\$) 450 -	7 Payee address; City; State; Zip Code			
Expenditure from corporate funds		AUSTA	1,1× 7872	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	1	(If travel outside of Texas, complete Schedule	Τ)
EXPENDITURE	SALARY	1 - '	ustin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Expenditure from corporate funds				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	t Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Expenditure from corporate funds				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule	Т)
EXPENDITURE		Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	t Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Expenditure from corporate funds		-		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule	T)
EXPENDITURE		Check if Aus	istin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED	

Mailing expenses incurred by Austin Community Coalition:

District 3—Sabino Renteria	\$277
District 6—James Flannigan	11
District 8—Ed Scruggs	20
Total mailing expenses	\$308