

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

Form SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 3
3 COMMITTEE NAME THE SHUDDER FATH PAC		OFFICE USE ONLY Date Received: 2014 DEC 9 PM 1:59 Date Hand-delivered or Postmarked: Receipt #: Date Processed: Date Imaged:	
4 COMMITTEE ADDRESS ☐ change of address	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE 1005 BLUE BONNET LANE AUSTIN TX 78704		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS SHUDDER B. NICKNAME LAST SUFFIX FATH		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE 1005 BLUE BONNET LANE AUSTIN TX 78704		
7 CAMPAIGN TREASURER'S MAILING ADDRESS ☐ change of address	STREET OR PO BOX: APT / SUITE # CITY: STATE: ZIP CODE 1005 BLUE BONNET LANE AUSTIN TX 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 442-2718		
9 REPORT TYPE	☐ January 15 ☐ July 15 ☐ 30th day before election ☒ 31st day before election ☐ Runoff ☐ Exceeded \$500 limit ☐ Dissolution (attach PAC-DR) ☐ 10th day after campaign to ascertain termination		
10 PERIOD COVERED	Month Day Year 11 / 21 / 14 THROUGH 12 / 08 / 14		
11 ELECTION	ELECTION DATE Month Day Year 12 / 16 / 14 ELECTION TYPE ☐ Primary ☒ Runoff ☐ General ☐ Special		
GO TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

THE SHUDE FATH PAC

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

☒ SUPPORT
(Candidate or Measure)

☐ OPPOSE
(Candidate or Measure)

☐ ASSIST
(Officeholder)

☒ CANDIDATE

☐ OFFICEHOLDER

☐ MEASURE

CANDIDATE / OFFICEHOLDER NAME

MIKE MARTINEZ

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

MAYOR

BALLOT IDENTIFICATION #

ELECTION DATE
Month Day Year

12 / 16 / 14

DESCRIPTION

AUSTIN MAYOR RUNOFF

14 CONTRIBUTION TOTALS

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

\$ 0.00

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

\$ 2,187.50

EXPENDITURE TOTALS

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

\$ 12.50

4. TOTAL POLITICAL EXPENDITURES

\$ 2,187.50

CONTRIBUTION BALANCE

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

\$ 0.00

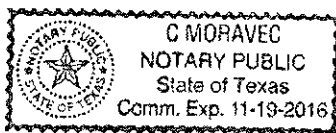
OUTSTANDING LOAN TOTALS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Shude B. Fath

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Shude B. FATH, this the 8 day of Dec, 20 14, to certify which, witness my hand and seal of office.

C. Moravec

Signature of officer administering oath

CHRISTINE MORAVEC

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: 1

2 FILER NAME

THE SHUPDE FATH PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-08-17

5 Full name of contributor

☐ out-of-state PAC (ID#)

SHUPDE B. FATH

6 Contributor address; City; State; Zip Code

1005 BLUEBONNET LANE, AUSTIN TX 78704

7 Amount of contribution (\$)

1462.50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

12-08-17

Full name of contributor

☐ out-of-state PAC (ID#)

BETH FATH HILLER

Contributor address; City; State; Zip Code

1005 BLUEBONNET LANE
AUSTIN TX 78704

Amount of contribution (\$)

725.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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