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 SHUDDE FAITH PAC

OFFICE USE ONLY
Date Received:
Date Hand-delivered or Postmarked:
Receipt #: Amount:
Date Processed:
Date Imaged:

RECEIVED
2014 DEC 9 PM 1 59
AUSTIN CITY CLERK

4 COMMITTEE ADDRESS
☐ change of address
ADDRESS / PO BOX: 1005 BLUEBONNET LANE
CITY: AUSTIN STATE: TX ZIP CODE: 78704

5 CAMPAIGN TREASURER NAME
MS / MRS / MR: MS FIRST: SHUDDE MI: B.
NICKNAME: LAST: FAITH SUFFIX:

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 1005 BLUEBONNET LANE APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78704

7 CAMPAIGN TREASURER'S MAILING ADDRESS
☐ change of address
STREET OR PO BOX: 1005 BLUEBONNET LANE APT / SUITE #: CITY: AUSTIN STATE: TX ZIP CODE: 78704

8 CAMPAIGN TREASURER PHONE
AREA CODE: (512) PHONE NUMBER: 442-2718 EXTENSION:

9 REPORT TYPE
☐ January 15
☐ July 15
☐ 30th day before election
☒ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☐ Dissolution (attach PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED
Month 11 Day 21 Year 14 THROUGH Month 12 Day 08 Year 14

11 ELECTION
ELECTION DATE: Month 12 Day 16 Year 14
ELECTION TYPE: ☐ Primary ☒ Runoff ☐ General ☐ Special

GO TO PAGE 2

ANN @ FRANKLIN @ AUSTIN TEXAS @ GOV

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME: THE SHUDDE FAITH PAC

ACCOUNT # (Ethics Commission Filers):

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

- [X] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

- [X] 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	$ .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	$ .00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ .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.

C MORAVEC
NOTARY PUBLIC
State of Texas
Comm. Exp. 11-19-2016

AFFIX NOTARY STAMP / SEAL ABOVE

Shudde B. Faith
Signature of Campaign Treasurer

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

Signature of officer administering oath | Christine Moravec | Notary
Printed name of officer administering oath | 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 SHUDDE FATH PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12-08-17	SHUDDE B. FATH 1005 BLUEBONNET LANE, AUSTIN TX 78704	1,462.50	
9 Principal occupation / Job title: RETIRED	10 Employer:		
12-08-17	BETSY FATH HILLER 1005 BLUEBONNET LANE AUSTIN TX 78704	725.00	
Principal occupation / Job title: RETIRED	Employer:		
Principal occupation / Job title:	Employer:		
Principal occupation / Job title:	Employer:		
Principal occupation / Job title:	Employer:		

☐ out-of-state PAC (ID#:) — (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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