

POLITICAL COMMITTEE SPECIAL PRE-ELECTION REPORT OF DIRECT EXPENDITURES

FORM PAC-E

1 ACCOUNT # (Ethics Commission Filers) 00015883		2 PAGE # 1 of 1		OFFICE USE ONLY	
3 COMMITTEE NAME Austin Police Association PAC		Receipt # 2014 DEC 8 PM 2 ASTIN CITY CLERK RECEIVED			
4 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mrs. Valencia NICKNAME LAST SUFFIX Escobar					
5 CAMPAIGN TREASURER'S MAILING ADDRESS STREET OR PO BOX APT / SUITE #: CITY: STATE: ZIP CODE 5817 Wilcab Road Austin, TX 78721		Date Hand-delivered		Amount	
		Date Processed			
		Date Imaged			
DIRECT CAMPAIGN EXPENDITURES					
EXPENDITURE CATEGORIES Advertising Expense Gifts/Awards/Memorial 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.					
6 Date 12/08/2014		7 Payee name Kelly Graphics			
8 Amount (\$) \$2,488.81		9 Payee address City: State: Zip Code 1409 Quaker Ridge Austin, TX 78746			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing, Mailing, Postage fees for a political mailer	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Flannigan, Jimmy (Mr.)		Office sought: Office held: Austin City Council District 6	
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:	