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(512) 463-5800

(TDD 1-800-735-2989)

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	URPOSE CO MMITTE FINANCE REPORT	E	Form S Cover Sheet	
The SPAC Instruction Gu	ide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 11	
3 COMMITTEE NAME			OFFICE USE	
Our Rail				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #; C PO Box 49166, Austin, TX 787	DITY: STATE: ZIP CODE	- · ·	6 AM
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Receipt # Amou	• 8 05
TREASURER	NICKNAME LAST Morris	SUFFIX	Date Processed	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUI 3705 Cedar St., Austin TX 787		ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS	STREET OR PO BOX: APT / SUI PO Box 49166, Austin, TX 787		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 371-7961	EXTENSION	χ.	
9 REPORT TYPE		before election	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer ter	mination
10 PERIOD COVERED	Month Day Year 10 / 26 / 14	THROUGH	Month Day Y 12 / 31 / 14	ear 4
11 ELECTION	Month Day Year	ION TYPE	X General S	pecial
	GOTOF	PAGE 2		

Texas Ethics Commission P.O. Box 12070

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SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Our Rail				ACCOUNT #	e (Ethics Commission Filers)
13 COMMITTEE PURPOSE			CANDIDATE / OFFICEHOLDER NAME	×	
(Attach lists on plain paper to complete this report if necessary.)		CANDIDATE			
Candidate or Measure)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (o	fficeholder)	
X OPPOSE (Candidate or Measure)					
·/			BALLOT IDENTIFICATION / # "Project Connect" Mon Bond Referendum 11	/ /	DATE ^{Year} 14
(Officeholder)	<u>[X]</u>	MEASURE	A measure funding urban rail v approved by Austin City Counc	vithin a s	ub-corridor
14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL PLEDGES, LOANS,	CONTRIBUTIONS OF \$50 OR LESS (OTHER TH OR GUARANTEES OF LOANS), UNLESS ITEM	IAN IZED	\$ *
	2.		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)		\$ *
EXPENDITURE TOTALS	3.	TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS IT	TEMIZED	\$*
	4.	TOTAL POLITIC	AL EXPENDITURES		\$ *
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			ST DAY	\$ *
OUTSTANDING LOAN TOTALS	6 .		AMOUNT OF ALL OUTSTANDING LOANS AS (REPORTING PERIOD	OF THE	\$*
15 AFFIDAVIT			l swear, or affirm, under penalty of report is true and correct and includ reported by me under Title 15, Elec	es all inforn	
* See follo	wing p	age			<u></u>
			Signature of Camp	baign Treasu	irer
AFFIX NOTARY STAMP / SE/					
			said		
day of		, 20	, to certify which, witness my	hand and	d seal of office.
Signature of officer administe	ring oath	Printed	name of officer administering oath	Title of of	ficer administering oath

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Our Rail				ACCOUNT	# (Ethics Commission Filers)
13 COMMITTEE PURPOSE			CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)		CANDIDATÉ			
(Candidate or Measure)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (c	officeholder)	
X OPPOSE (Candidate or Measure)					
			BALLOT IDENTIFICATION /# "2014 Strategic Mobility Plan" Mol Bond Referendum 11	ELECTION hth Day	DATE Year / 14
ASSIST (Officeholder)	X	MEASURE	A ballot measure containing upproved by City Council on 6,	rban rail	
14 CONTRIBUTION TOTALS			CONTRIBUTIONS OF \$50 OR LESS (OTHER T , OR GUARANTEES OF LOANS), UNLESS ITEM		\$ 0.00
	2.		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2830.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS I	TEMIZED	\$ 0.00
	4.	4. TOTAL POLITICAL EXPENDITURES			\$ 3349.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				\$ -0-
OUTSTANDING LOAN TOTALS	6.		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$-0-
	ME GUZIM Hary Publi TE OF TE a. Exp. 08	is K	I swear, or affirm, under penalty of report is true and correct and includ reported by me under Title 15, Elec	les all infor	mation required to be
		*****	Signature of Cam	paign Treas	urer
AFFIX NOTARY STAMP / SE Sworn to and subscrib			car 1 C		
Jaint?),	HME GUZMAN	fes	on Banker
Signature of the syndministe	ring oath	Printed	name of officer administering oath	Title of c	officer administering oath

www.ethics.state.tx.us

Revised 04/19/2013

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POLITICAL CONTRIBUTIONS SCHEDULE A **OTHER THAN PLEDGES OR LOANS** 1 Total pages Schedule A: 2 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Our Rail 7 Amount of In-kind contribution 4 Date 5 Full name of contributor 8 i out-of-state PAC (ID#:_ contribution (\$) description (if applicable) 250.00 10/26/14 Eric Goff 6 Contributor address; City; State; Zip Code 2500 E 2nd St. Austin, TX 78702 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 9 Director Citi Amount of In-kind contribution Date Full name of contributor out-of-state PAC (ID#: contribution (\$) description (if applicable) 1500.00 Mark Cathcart 10/26/14 Contributor address: City; State; Zip Code 605 West Johanna Street, Austin, TX 78704 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Dell Senior Distinguished Engineer Full name of contributor Amount of In-kind contribution Date out-of-state PAC (ID#:_ contribution (\$) description (if applicable) 500.00 10/27/14 Kirk Mitchell Contributor address: City; State; Zip Code PO BOX 4023, Austin, TX 78765 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Self employed Investor Amount of In-kind contribution Date Full name of contributor out-of-state PAC (ID#: contribution (\$) description (if applicable) 25.00 10/28/14 KT Musselman Contributor address; City; State; Zip Code 2819 Foster Lane F224, Austin, TX 78757 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of contributor out-of-state PAC (ID#:_ contribution (\$) description (if applicable) 60.00 10/30/14 **Douglas** Mink Contributor address; City: State: Zip Code 4206 BALCONES DR, Austin, TX 78731 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 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.

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Austin, Texas 78711-2070

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A: 2	
filer name Our Rail			3 ACCOUNT # (Et	hics Commission Filers)	
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/30/14	Chris Bradford 6 Contributor address: City; State; Zip Code		100.00		
	2620 KINNEY OAKS CT, Austin, TX	78704	(If travel outside c	f Texas, complete Schedule T	
Principal occup	pation / Job title (See Instructions)	10 Employer (See in:	structions)		
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of	In-kind contribution	
10/30/14	Caleb Pritchard Contributor address; City; State; Zip Code		contribution (\$) 50.00	description (if applicable	
	1212 Guadalupe #210, Austin, TX 7	78701			
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside of Texas, complete Schedule T		
Date	Full name of contributor is out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicabl	
10/30/14	KT Musselman Contributor address; City; State; Zip Code	,	25.00		
	2819 Foster Lane F224, Austin, TX	78757	(If travel outside o	of Texas, complete Schedule T	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	······	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
10/31/14	Rodney Florence Contributor address; City; State; Zip Code		contribution (\$) 20.00	description (if applicat	
	303 Lightsey Rd., Austin, TX 78704				
		·		f Texas, complete Schedule T	
Principal occu	pation / Job title (See Instructions)	Employer (See in:	structions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable	
10/31/14	Alex Davern Contributor address; City; State; Zip Code		300.00	(i c pp.iodbi	
	818 E 37th St, Austin, TX 78705		(If travel outside r	of Texas, complete Schedule T	
	pation / Job title (See Instructions) ating Officer	Employer (See In National Ins	structions)		
uner oper		i inational IIIS	numento	· ·	

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POLITICA	L EXPENDITURES				SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense 1 Polling Expense 1	ATEGORIES Salaries/Wages/Cc Solicitation/Fundral Travel In District Travel Out Of Dist Office Overhead/R	ntract Labor ising Expense rict	Loan Repayment Transportation Eq Contributions/Dor Candidate/Offi	uipment & Related Expense
1 Total pages Schedule F:	The Instruction Guide e	xplains how to	complete this fo		NT # (Ethics Commission Filers)
5	Our Rail				
4 Date 10/26/14	5 Payee name PayPal				
6 Amount (\$)		; Zip Code			
7.55	2211 North First St, San Jo	ose, CA 9513	1		
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Descriptio	III (If travel outside of T	exas, complete Schedule T)
OF EXPENDITU RE	Accounting/Banking		PayPal Fe	es	
9 Complete ONLY if direct expenditure to benefit C		_	Office sou	ght	Office held
Date	Payee name	·			
10/27/14	Austin Chronicle				
Amount (\$)	•	te; Zip Code			
511.00	PO Box 49066 Austin, TX 7	78765			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Descriptio	IT (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Print Ad		
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sou	ght	Office held
Date 10/27/14	Payee name Office Max				
Amount (\$) 4.61	Payee address; City; Stat 4615 N Lamar Blvd Austin	te; Zip Code n, TX 78751			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Descriptio	If travel outside of T	exas, complete Schedule T)
OF	Office Overhead/Rental Ex		Copies		
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sou	ght	Office held
Date 10/27/14	Payee name PayPal				
Amount (\$) 14.80	Payee address; City: Sta 2211 North First St, San Jo	te; Zip Code Dse, CA 9513	1		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Accounting/Banking	of this schedule)	Descriptio PayPal Fe		exas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sou	ght	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE A	S NEEDED	

(512) 463-5800

POLITICA	L EXPENDITURES				SCHEDULE F
Advertising Expense	EXPENDITURE Gifl/Awards/Memorials Expense Legal Services	CATEGORIES Salaries/Wages/C Solicitation/Fundra	ontract Labor	Loan Repayment	/Reimbursement guipment & Related Expense
Consulting Expense Event Expense Fees	Food/Beverage Expense Polling Expense Printing Expense	Travel In District Travel Out Of Dis Office Overhead/I	trict	Contributions/Do Candidate/Off	• • •
	The Instruction Guide	explains how to	complete this for		
1 Total pages Schedule F: 5	2 FILER NAME Our Rail			3 ACCOU	NT # (Ethics Commission Filers)
4 Date	5 Payee name				
10/28/14	PayPal				
6 Amount (\$)		ite: Zip Code			
1.03	2211 North First St, San	Jose, CA 9513	31		
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Descriptio	>n (If travel outside of]	exas, complete Schedule T)
	Accounting/Banking		PayPal Fe	es	
9 Complete <u>ONLY</u> if direct expenditure to benefit C		•	Office sou	ght	Office held
Date	Payee name				
10/30/14	Austin American Statesn	nan			
Amount (\$)	Payee address; City; S	tate: Zip Code			
2225.00	305 South Congress Ave	nue, Austin, 1	rx 78704		
PURPÔŜE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)				
EXPENDITURE	Advertising Expense		Statesman	n Print Ad	
Complete <u>ONLY</u> if direct expenditure to benefit C)	Office sou	ght	Office held
Date 10/30/14	Payee name PayPal				
Amount (\$) 2.04	Payee address: City: S 2211 North First St, San	tate; Zip Code Jose, CA 951:	31		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Accounting/Banking	op of this schedule)	Descriptic PayPal Fe		exas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C		8	Office sou	ght	Office held
Date 10/30/14	Payee name PayPal		-		
Amount (\$) 3.20	Payee address; City: S 2211 North First St, San	tate; Zip Code Jose, CA 951	31		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Accounting/Banking	op of this schedule)	Description PayPal Fe	•	Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C		9	Office sou	ght	Office held
	ATTACH ADDITIONAL		SCHEDULE A	S NEEDED	

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POLITICAI	L EXPENDITURES			SCHEDULE F
	EXPENDITURE			· -
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Loa ising Expense Tra Cor rict tental Expense OTI	an Repayment/Reimbursement nsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		complete tina torm.	3 ACCOUNT # (Ethics Commission Filers)
5	Our Rail			
4 Date	5 Payee name			
10/30/14	PayPal			
6 Amount (\$)		te; Zip Code		
1.75	2211 North First St, San	ose, CA 9513	1	
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (if the	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		PayPal Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C			Office sought	Office held
Date	Payee name			
10/30/14	PayPal			
Amount (\$)	Payee address; City; S	tate; Zip Code		
1.03	2211 North First St, San	lose, CA 9513	1	·
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If the	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		PayPal Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C		1	Office sought	Office held
Date 10/31/14	Payee name Frost Bank - Fee			
Amount (\$) 5.00	Payee address; City; Si 1206 W. 38th Street, Suit	ate: Zip Code :e 1101 Austi:	n, TX 78705	
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If the	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking		Bank Fee	
Complete <u>QNLY</u> if direct expenditure to benefit C		•	Office sought	Office held
Date 10/31/14	Payee name PayPal	· · · · ·		
Amount (\$) 0.88	Payee address; City: Si 2211 North First St, San	ate: Zip Code Iose, CA 9513	31	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Accounting/Banking	p of this schedule)	Description (If the PayPal Fees	ravel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C.		,	Office sought	Office held
	ATTACH ADDITIONAL (OPIES OF THIS	SCHEDULE AS NE	EDED

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POLITICA	L EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation Food/Beverage Expense Travel In I Polling Expense Travel Out	Agges/Contract Labor //Fundraising Expense District Of District rrhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m.
Total pages Schedule F: 5	2 FILER NAME Our Rail		3 ACCOUNT # (Ethics Commission Filer
Date 11/03/14	5 Payee name Scott Morris-reimbursement		
Amount (\$) 156.54	7 Payee address: City: State: Zip Co PO Box 49166 Austin, TX 78765	ode	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched Advertising Expense		(If travel outside of Texas, complete Schedule T) Print Ad on 10/30
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sough	· · · · · · · · · · · · · · · · · · ·
Date 11/28/14	Payee name Frost Bank - Fee		
Amount (\$) 5.00	Payee address; City; State; Zip C 1206 W. 38th Street, Suite 1101		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Accounting/Banking	ule) Description Bank Fee	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direc expenditure to benefit C		Office sough	ht Office held
Date 12/22/14	Payee name Office Max		
Amount (\$) 97.39	Payee address; City; State; Zip C 4615 N Lamar Blvd Austin, TX 78		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Office Overhead/Rental Expense		(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direc expenditure to benefit (Office sough	ht Office held
Date 12/31/14	Payee name Office Max	,	
Amount (\$) 150.34	Payee address; City; State; Zip C 4615 N Lamar Blvd Austin, TX 7		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Printing Expense		(If travel outside of Texas, complete Schedule T) on, Resolution Packets
Complete <u>ONLY</u> if direc expenditure to benefit (Office sough	ht Office held
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDULE AS	NEEDED

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Austin, Texas 78711-2070

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POLITICAL	EXPENDITURES			SCHEDULE F
	EXPENDITURE C	ATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T	Calaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	tract Labor Loan ing Expense Tran Cont ct C	Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
	The Instruction Guide ex	xplains how to c	omplete this form.	
1 Total pages Schedule F: 5	2 FILER NAME Our Rail			3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/31/14	5 Payee name Pair NIC			
5 Amount (\$)	7 Payee address; City; State;	Zip Code		
65.00	2403 Sidney Street, Suite 2		gh, PA 15203	
8 PURPOSE OF	(a) Category (See categories listed at the top o Advertising Expense	of this schedule)	(b) Description (If tra Domain Renew	ivel outside of Texas, complete Schedule T) Wal
EXPENDITURE 9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
12/31/14	Austin Groups for the Elde			
Amount (\$) 97.04	Payee address: City; State; Zip Code 3710 Cedar St, Austín TX 78705			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o Contributions/Donations I Candidate/Officeholder/P	Made By 👘 👘	Charitable (ivel outside of Texas, complete Schedule T) Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name OH		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	of this schedule)	Description (If tra	avel outside of Texes, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C.			Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address; City; Stat	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C			Office sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEI	EDED

Austin, Texas 78711-2070

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POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form. • Complete only if "Report Type" on page 1 is marked "Dissolution" •• 2 ACCOUNT # (Ethics Commission Filers) 1 COMMITTEE NAME Our Rail 3 Affidavit of Dissolution I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file. Signature of Campaign Treasurer DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED AFFIX NOTARY STAMP / SEAL ABOVE , this the 20 15 , to certify which, witness my hand and seal of office. Printed name of officered ministering oath Title of officer administering oath ministering oath Revised 07/28/2014 www.ethics.state.tx.us