

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.

 1 ACCOUNT #
(Ethics Commission Filers)
68221

2 Total pages filed:

3

3 COMMITTEE NAME

AUSTIN ENVIRONMENTAL DEMOCRATS PAC

OFFICE USE ONLY

Date Received

2015 JAN 15

RECEIVED

AUSTIN CITY CLERK

PM 3 25

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

604 WEST 11TH STREET
AUSTIN, TX 78701

HD / PM

Receipt #

Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Ms.

MARY ANN

NICKNAME

LAST

SUFFIX

NEELY

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1908 BARTON PARKWAY, AUSTIN, TX 78704

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1908 BARTON PARKWAY, AUSTIN, TX 78704

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 496-7093

9 REPORT TYPE



January 15



30th day before election



Dissolution (attach PAC-DR)



July 15



8th day before election



10th day after campaign treasurer termination



Runoff

10 PERIOD COVERED

Month Day Year

12 / 07 / 2014

THROUGH

Month Day Year

12 / 31 / 2014

11 ELECTION

ELECTION DATE
Month Day Year

12 / 16 / 2014

ELECTION TYPE



Primary



Runoff



General



Special

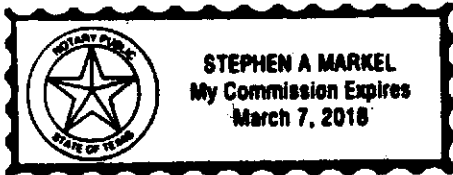
GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME <i>AUSTIN ENVIRONMENTAL DEMOCRATS PAC</i>		ACCOUNT # (Ethics Commission Filers) <i>68221</i>
13 COMMITTEE ACTIVITY (attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported <i>AED endorsed Democratic candidates for Austin City Council</i> B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
14 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ <i>0.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>259.99</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>259.99</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>3,359.66</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>- 0 -</i>

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.

Mary Ann Neely
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARY ANN NEELY, this the 15th day of JANUARY, 20 15, to certify which, witness my hand and seal of office.

Stephen A. Markel
Signature of officer administering oath

STEPHEN MARKEL
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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.

1 Total pages Schedule F:		2 FILER NAME AUSTIN ENVIRONMENTAL DEMOCRATS PAC		3 ACCOUNT # (Ethics Commission Filers) 68221	
4 Date 12/8/15		5 Payee name KRISTIN FINE			
6 Amount (\$) 250.- <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code Austin, TX 787			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CAMPAIGN MARKETING		(b) Description (If travel outside of Texas, complete Schedule T) EMAIL BLASTS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED