

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 File #)

00070685

2 Total pages filed:

2

3 COMMITTEE NAME

Keep Austin Livable for Everyone (KALE)

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2015 JAN 15 PM 4 11
 RECEIVED
 AUSTIN CITY CLERK

4 COMMITTEE ADDRESS

☐ change of address

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

Post Office Box 146, Austin, TX 78767

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Ms. Pam Keller

NICKNAME

LAST

SUFFIX

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

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

515 Congress, Suite 2375, Austin, TX 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ change of address

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

Post Office Box 146, Austin, TX 78767

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 450-5102

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 Day Year

10 / 27 / 2014

THROUGH

Month Day Year

12 / 31 / 2014

11 ELECTION

ELECTION DATE

Month Day Year

11 / 4 / 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

Keep Austin Livable for Everyone (KALE)

ACCOUNT # (Ethics Commission Filers)

00070085

**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

Ed English, Place 7

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month / Day / Year

DESCRIPTION

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

\$ 0

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

\$ 5000.00

**EXPENDITURE
TOTALS**

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

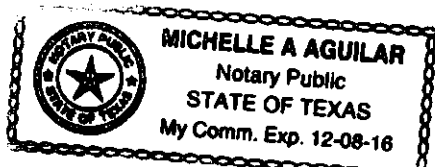
\$ 3960.84

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

\$ 1554.16

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

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.

Pam Keller
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pam Keller, this the
15th day of January, 20 15, to certify which, witness my hand and seal of office.

C. A. Aguil
Signature of officer administering oath

Michelle Aguilar
Printed name of officer administering oath

Notary Public
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 Keep Austin Livable for Everyone (KALE) | | 3 ACCOUNT # (Ethics Commission Filers) 00070085 | |
| 4 Date 10/27/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Gilbert | 7 Amount of contribution (\$) \$1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 37 Doolittle, Wimberley, TX 78676 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 10/27/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) People's Pharmacy | Amount of contribution (\$) \$1000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3801-C South Lamar, Austin, TX 78704 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/27/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABC Blind & Brapery, LLC | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 6221 North Lamar, Austin, TX 78752 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/29/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M.H. Crockett, Jr. | Amount of contribution (\$) \$2800.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Post Office Box 2066, Austin, TX 78768 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (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.

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related
Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F: 1 | 2 FILER NAME Keep Austin Livable for Everyone (KALE) | 3 ACCOUNT # (Ethics Commission Filers) 00070085 |
|--|---|--|

| | |
|----------------------------------|--|
| 4 Date 10/29/14 | 5 Payee name Kelly Graphics |
|----------------------------------|--|

| | |
|--|---|
| 6 Amount (\$) \$3960.84 | 7 Payee address; City; State; Zip Code 1409 Quaker Ridge, Austin, TX 78746 |
|--|---|

| | | |
|---------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Advertising expense | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|---------------------------------|--|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

| | | |
|------------------------|--|--|
| 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"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

| | | |
|------------------------|--|--|
| 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"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

| | | |
|------------------------|--|--|
| 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"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|--|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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