

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

<b>The SPAC Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> 6
<b>3 COMMITTEE NAME</b>  DeRail Austin		<b>OFFICE USE ONLY</b>  Date Received 2015 JAN 15 PM 4 11 RECEIVED AUSTIN CITY CLERK  Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed  Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  4803 Balcones Drive, Austin, TX 78731		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Mr. Ed Wendler  NICKNAME LAST SUFFIX		
<b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  4803 Balcones Drive, Austin, TX 78731		
<b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b>  <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION  ( 512 ) 925-9585		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 07 / 01 / 14      THROUGH      12 / 31 / 14		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11 / 4 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

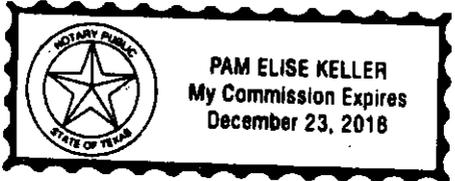
**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> DeRail Austin	<b>ACCOUNT # (Ethics Commission Filers)</b>
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<b>13 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input checked="" type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  _____  <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>  _____
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> Proposition 1
	<b>ELECTION DATE</b> Month Day Year 11 / 4 / 2014	
		<b>DESCRIPTION</b> rail bond

<b>14 CONTRIBUTION TOTALS</b>	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)	\$ 14,100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,100.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28,504.60

**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.

*Ed Wendler*  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Wendler, this the 15<sup>th</sup> day of Jan., 20 15, to certify which, witness my hand and seal of office.

*Pam Keller*  
\_\_\_\_\_  
Signature of officer administering oath

**Pam Elise Keller**  
\_\_\_\_\_  
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: 2	
2 FILER NAME DeRail Austin		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Late 6 Contributor address; City; State; Zip Code 7011 McNeil Drive, Austin, TX 78729	7 Amount of contribution (\$) \$5000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
10/30/14	Gerald Kucera Contributor address; City; State; Zip Code 7200 North MoPac, Suite 400, Austin, TX 78731	\$2500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
11/4/14	Will Houston Contributor address; City; State; Zip Code 4202 Spicewood Springs Road, Suite 100, Austin, TX 78759	\$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
11/6/14	Ford Smith Contributor address; City; State; Zip Code PO Box 6156, Austin, TX 78762	\$1000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
11/14/14	Coalition on Sustainable Transportation Contributor address; City; State; Zip Code 4700 Treador Drive, Austin, TX 78746	\$4000.00	
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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: **2**

**2** FILER NAME **DeRail Austin** **3** ACCOUNT # (Ethics Commission Filers)

**4** Date **11/4/14** **5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **Kent Taylor** **7** Amount of contribution (\$) **\$100.00** **8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code  
**2900 Northwood Road, Austin, TX 78703**

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

Date **11/14/14** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **Citizens Against Rail Taxes** Amount of contribution (\$) **\$1000.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**10001 Jupiter Hills Drive, Austin, TX 78747**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date \_\_\_\_\_ Full name of contributor  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)

Date \_\_\_\_\_ Full name of contributor  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)

Date \_\_\_\_\_ Full name of contributor  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 | 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 Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>1</b>	<b>2</b> FILER NAME <b>DeRail Austin</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>11/10/14</b>	<b>5</b> Payee name <b>Hixo, Inc.</b>	
<b>6</b> Amount (\$) <b>\$1570.63</b>	<b>7</b> Payee address; City; State; Zip Code <b>1805 Alameda Drive, Austin, TX 78704</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising/graphics design</b>	(b) 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 <b>12/29/14</b>	Payee name <b>Michael R. Levy</b>	
Amount (\$) <b>\$12,529.37</b>	Payee address; City; State; Zip Code <b>PO Box 146, Austin, TX 78767</b>	
<b>9</b> PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Loan repayment</b>	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	
<b>10</b> 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	
<b>11</b> 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: _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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" --

1 COMMITTEE NAME

DeRail Austin

2 ACCOUNT # (Ethics Commission Filers)

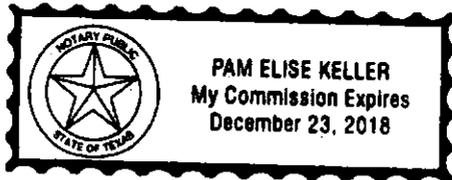
### 3 Affidavit of Dissolution

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.

*Ed Wendler Jr.*

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED**



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Wendler, this the 15<sup>th</sup> day of Jan, 20 15, to certify which, witness my hand and seal of office.

*Pam Elise Keller*

Signature of officer administering oath

Pam Elise Keller

Printed name of officer administering oath

Notary Public

Title of officer administering oath