

01-15-14

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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 Filers)	2 Total pages filed: 4
3 COMMITTEE NAME THE SHUDE FATH PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1005 BLUEBONNET LANE AUSTIN TX 78704		Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged 2015 JAN 20 PM 12 29 AUSTIN CITY CLERK RECEIVED
	MS / MRS / MR FIRST MI Mrs. SHUDE B. NICKNAME LAST SUFFIX FATH		
5 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 1005 BLUEBONNET LANE AUSTIN TX 78704		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1005 BLUEBONNET LANE AUSTIN TX 78704		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	AREA CODE PHONE NUMBER EXTENSION (512)-442-2718		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE		
	<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"/> 6th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 12-09-14 THROUGH 01-15-15		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

THIR SHUDE FATH PAC

ACCOUNT # (Ethics Commission Filers)

**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

MIGUE MARTINEZ

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

MAYOR

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

12/16/14

DESCRIPTION

AUSTIN MAYOR RUNOFF

**14 CONTRIBUTION
TOTALS**

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

\$ 10.00
~~24.00~~2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 10.00
~~24.00~~**EXPENDITURE
TOTALS**

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10.00
~~24.00~~**CONTRIBUTION
BALANCE**

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

\$ 0.00

**OUTSTANDING
LOAN TOTALS**

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

\$ 0.00

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.

Shude B. Fath

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shude B FATH, this the 15 day of Jan, 20 15, to certify which, witness my hand and seal of office.

C Moravec

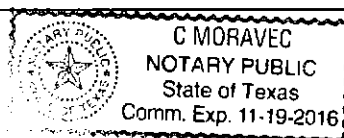
Signature of officer administering oath

C Moravec

Printed name of officer administering oath

Notary

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: 4	
2 FILER NAME THE SHUDE PATH PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHUDE B. PATH	7 Amount of contribution (\$) 24.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1005 BLUEBONNET LANE AUSTIN TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions) —	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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 THE SHUDDER FATH PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 01-15-15	5 Payee name FRI AUTO TITLE
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6 Amount (\$) 20.00	7 Payee address; City; State; Zip Code 3003 S. LAMAR BLVD. SUITE B-105 A AUSTIN TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) NOTARY PUBLIC <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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