

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: 2
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 2015 JAN 20 PM 12 30 RECEIVED AUSTIN CITY CLERK
	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		Date Hand-delivered or Postmarked
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		Receipt #
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	AREA CODE PHONE NUMBER EXTENSION (512) 442-2718		Date Processed
8 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff		Date Imaged
9 REPORT TYPE	<input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year / / THROUGH 01-15-15		
11 ELECTION	ELECTION DATE Month Day Year 12-16-14 ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

**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

TIFE SHUDE FATH PAC

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.

Shudde B Fath
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 Shudde B Fath, this the
15 day of Jan, 20 15, to certify which, witness my hand and seal of office.

CMoravec

Signature of officer administering oath

CMoravec

Printed name of officer administering oath

Notary

Title of officer administering oath

