FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT # (Ethics Commission filers) 2 PAGE# The MPAC Instruction Guide explains how to complete this form. 1 of 6 00016265 3 COMMITTEE NAME OFFICE USE ONLY Austin Apartment Association PAC Date Received **4 COMMITTEE** ADDRESS / PO BOX; APT/SUITE #; CITY; STATE ZIP CODE **ADDRESS** 8620 Burnet Road Suite 475 Change of Address Austin, TX 78757 Date Hand-delivered or Date Postmarked MS/MRS/MR FIRST MI 5 CAMPAIGN Receipt # Amount Kristan Ms. TREASURER NAME Date Processed NICKNAME SUFFIX LAST Arrona Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; STATE; ZIP CODE 6 CAMPAIGN TREASURER'S 8620 Burnet Road STREET ADDRESS Suite 475 (Residence or business) Austin, TX 78757 ZIP CODE STREET OR PO BOX: APT / SUITE #. CITY: STATE: 7 CAMPAIGN TREASURER'S 8620 Burnet Road MAILING ADDRESS Suite 475 Austin, TX 78757 Change of Address AREA CODE PHONE NUMBER EXTENSION **8 CAMPAIGN TREASURER PHONE** (512) 323-0990 9 REPORT **TYPE** 10th day after campaign treasurer ternination Monthly Dissolution (Enter date below) (attach PAC-DR) **10 MONTHLY** REPORT FILING January 5 April 5 July 5 October 5 DEADLINE November 5 February 5 August 5 May 5 March 5 September 5 December 5 June 5 11 PERIOD Year Month Year Month Day COVERED THROUGH 02/25/2015 01/26/2015 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

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12	COMMITTEE Austin Apartment Association PAC NAME			ACCOUN'			
	NAME			00016 ಜ್ಞ	3 5		
13	COMMITTEE ACTIVITY	EE 1. Candidates A. Supported (identify by name			AUST		
	(Attach lists on plain paper to complete this report if necessary.)	or, if applicable, classify by party)	B. Opposed		AE CE		
		2. Measures (describe by date	A. Supported		DA AL		
		and location of election and nature of issue)	B. Opposed		۰ ERX		
		3. Officeholders Assisted		ţ	م		
		(identify by name or, if applicable, classify by party)					
14	CONTRIBUTION TOTALS	PLEDGES, LO (OR \$20 OR L	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$20 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD)				
			ere if this report qualifies for the higher itemization threshold.				
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	2,495.00		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF TOTALS		ICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$	0.00			
	4. TOTAL PO		ITICAL EXPENDITURES	\$	0.00		
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	106,781.32		
	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.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to	and subscribed	before_me,	by the said
		1	

Kristan J. Arrona

this the _____day

of March___,20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Hmu S Magnu Son Printed game of officer administering oath Notary of Public
Title of edicer administering oath

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The Instruction	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 1/4	4 Report: 3/6	
2 FILER NAME	Austin Apartment Association PAC		3 ACCOUNT # 00016265	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Atkinson, Johnny (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/29/2015	6 Contributor address; City; State; Zip Code 2500 Comburg Castle Way Austin, TX 78748		\$99.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Sales	pation / Job title (See Instructions)	10 Employer (See Instructions) Act Security Group		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2015	Contributor address; City; State; Zip Code 507 Beverly Lane Leander, TX 78641-2492		\$300.00	
	Leanuel, 17,70041-2432			1
				Texas, complete Schedule T)
Principal occup Sales	eation / Job title (See Instructions)	Employer (See In Apartment Find		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/24/2015	Contributor address; City; State; Zip Code 3232 Avalon Place Houston, TX 77019		\$99.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Owner	ation / Job title (See Instructions)	Employer (See Instructions) The Liberty Group		
Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/17/2015	Contributor address; City; State; Zip Code 2212 Lookout Range Drive Leander, TX 78641		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Sales	ation / Job title (See Instructions)	Employer (See In BG Staffing	structions)	
Date	Full name of contributor ut-of-state PAC (ID4 Calix, Connie (Ms.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/2015	Contributor address; City; State; Zip Code 2302 Woodmont Avenue Austin, TX 78703		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup Manager	ation / Job title (See Instructions)	Employer (See In: Granite Properti	structions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4	4 Report: 4/6
2 FILER NAME	Austin Apartment Association PAC		3 ACCOUNT # 00016265	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Clark, Renee (Mrs.)	ŧ)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/09/2015	6 Contributor address; City; State; Zip Code 512 Victoria Drive Cedar Park, TX 78613		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu Regional Su	pation / Job title (See Instructions) pervisor	10 Employer (See In Gables Resider		
Date	Full name of contributor ut-of-state PAC (ID# Escobar, Candiss (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/2015	Contributor address; City; State; Zip Code 10122 Vaquero Trail Austin, TX 78759		\$100.00	
			(if travel outside of	Texas, complete Schedule T)
Principal occu Regional Su	upation / Job title (See Instructions) pervisor	Employer (See In Greystar	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/13/2015	Contributor address; City; State; Zip Code 3103 Mares Meadows San Antonio, TX 78247		\$99.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/23/2015	Contributor address; City; State; Zip Code 10228 Grizzly Oak Austin, TX 78748		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu Sales Rep	pation / Job title (See Instructions)	Employer (See In Camp Construc		
Date	Full name of contributor ut-of-state PAC (ID# Martin, Tami (Mrs.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/2015	Contributor address; City; State; Zip Code 11304 Doss Hills Drive Austin, TX 78750		\$400.00	
		<u> </u>	<u> </u>	Texas, complete Schedule T)
Principal occu Regional Ma	pation / Job title (See Instructions) nager	Employer (See In Avaion Bay	structions)	

The Instruction	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 3/4	4 Report: 5/6			
2 FILER NAME	FILER NAME Austin Apartment Association PAC		3 ACCOUNT # 00016265	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Matcha, Stehen (Mr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
02/16/2015	6 Contributor address; City; State; Zip Code 1106 Cool Lake Cove Round Rock, TX 78665		\$100.00	 		
		_	<u> </u>	Texas, complete Schedule T)		
9 Principal occup Sales	pation / Job title (See Instructions)	10 Employer (See In Merit Service S				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/17/2015	Contributor address; City; State; Zip Code 1001 Sedalia Street Cedar Park, TX 78613		\$99.00	 		
			(if travel outside of	Texas, complete Schedule T)		
Principal occur	bation / Job title (See Instructions)	Employer (See In:	<u> </u>			
Marketing Ma		The Liberty Gro				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/23/2015	Contributor address; City; State; Zip Code 9100 Cessna Lane Austin, TX 78717	••••••	\$150.00	 		
			l '	Texas, complete Schedule T)		
Principal occup Owner	pation / Job title (See Instructions)	Employer (See In: Carpet Warehou				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/24/2015	Contributor address; City; State; Zip Code 911 Bogart Road Cedar Park, TX 78613		\$100.00	 - 		
				Texas, complete Schedule T)		
Principal occup Sales	ation / Job title (See Instructions)	Employer (See Ins The Liberty Gro				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/17/2015	Contributor address; City; State; Zip Code 3310-A Doolin Drive Austin, TX 78704		\$250.00	_		
				Texas, complete Schedule T)		
Principal occup Owner	ation / Job title (See Instructions)	Employer (See Ins Joplin Properties				

The Instruction	אס Guide explains how to complete this form.	1 PAGE # Schedule: 4/4	4 Report: 6/6			
2 FILER NAME	Austin Apartment Association PAC		3 ACCOUNT # 00016265	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Toliver, Chris (Mr.)	name of contributor		8 In-kind contribution description (if applicable)		
01/28/2015	6 Contributor address; City; State; Zip Code 5555 N. Lamar Austin, TX 78751	lress; City; State; Zip Code		 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup Sales	ation / Job title (See Instructions)	10 Employer (See In ACT Security G				
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/09/2015	Contributor address; City; State; Zip Code 10020 Hidden Meadow Austin, TX 78750		\$100.00	 		
			(if travel outside of	Texas, complete Schedule T)		
Principal occup	Dation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>		
Retired		Vendor				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/09/2015	Contributor address; City; State; Zip Code 8920 Edwardson Lane Austin, TX 78749		\$100.00	} 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup Property Sup	ation / Job title (See Instructions) ervisor	Employer (See Instructions) Greystar				