

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00016265	2 PAGE # 1 of 5
3 COMMITTEE NAME Austin Apartment Association PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE ZIP CODE 8620 Burnet Road Suite 475 Austin, TX 78757		Date Received 2015 APR 2 PM 1:33 Austin City Clerk RECEIVED
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Kristan	MI MI
	NICKNAME	LAST Arrona	SUFFIX
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8620 Burnet Road Suite 475 Austin, TX 78757		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8620 Burnet Road Suite 475 Austin, TX 78757		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(512) 323-0990	
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly (Enter date below) <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year Month Day Year 02/26/2015 THROUGH 03/25/2015		
GO TO PAGE 2			

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Austin Apartment Association PAC

ACCOUNT #
00016265

13 COMMITTEE ACTIVITY

(Attach lists on plain paper to complete this report if necessary.)

1. Candidates
(identify by name or, if applicable, classify by party)

A. Supported

B. Opposed

2. Measures
(describe by date and location of election and nature of issue)

A. Supported

B. Opposed

3. Officeholders Assisted
(identify by name or, if applicable, classify by party)

14 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$10 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$20 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD)
☐ Check here if this report qualifies for the higher itemization threshold.

\$ 0.00

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

\$ 847.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 18.55

CONTRIBUTION BALANCE

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

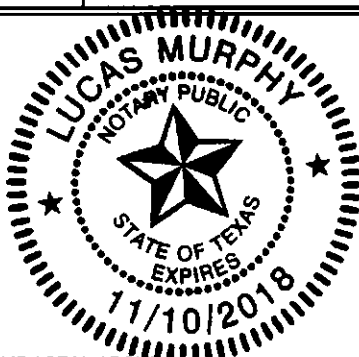
\$ 107,609.77

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.

Kristan Arruna

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

[Signature]

Signature of officer administering oath

Lucas Murphy

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 PAGE # Schedule: 1/2 Report: 3/5	
2 FILER NAME Austin Apartment Association PAC		3 ACCOUNT # (Ethics Commission filers) 00016265	
4 Date 03/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doucet, Brandon (Mr.) 6 Contributor address; City; State; Zip Code 1816 White Indigo Trail Round Rock, TX 78665	7 Amount of contribution (\$) \$99.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Sales Rep		10 Employer (See Instructions) Hines Pool & Spa	
Date 02/26/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doud, Lindsay Contributor address; City; State; Zip Code 3013 Rochelle Drive Austin, TX 78748	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions) Century A/C Supply	
Date 03/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fowler, Travis (Mr.) Contributor address; City; State; Zip Code 100 McKenna's Cove Buda, TX 78610	Amount of contribution (\$) \$99.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions) Century AC Supply	
Date 03/04/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Adrian Contributor address; City; State; Zip Code 2560 St. James Place Round Rock, TX 78665	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Rainier Management	
Date 03/05/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martinez, Shawn Contributor address; City; State; Zip Code PO Box 80197 Austin, TX 78708	Amount of contribution (\$) \$99.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Sales Rep		Employer (See Instructions) FXFit	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 4/5	
2 FILER NAME Austin Apartment Association PAC		3 ACCOUNT # (Ethics Commission filers) 00016265	
4 Date 03/04/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murphy, Joshua 6 Contributor address; City; State; Zip Code 9301 Old Bee Caves Road #210 Austin, TX 78735	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Property Manager		10 Employer (See Instructions) Oden Hughes Management	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial 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 PAGE # Schedule: 1/1 Report: 5/5		2 FILER NAME Austin Apartment Association PAC		3 ACCOUNT # (TEC filers) 00016265
4 Date 03/01/2015	5 Payee name American Express			
6 Amount (\$) \$18.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code PO Box 53852 Phoenix, AR 85072-3852			
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) <input type="checkbox"/> Bank Fees	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held: