

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)
00000006

2 PAGE #
1 of 6

3 COMMITTEE NAME
Let's Go Austin PAC

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

☐ Change of Address

P.O. Box 301074
Austin, TX 78768

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Greg

NICKNAME

LAST

SUFFIX

Hartman

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: ZIP CODE

3307 Winding Creek Dr.
Austin, TX 78703

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

☐ Change of Address

3307 Winding Creek Dr.
Austin, TX 78703

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 542-9744

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Exceeded \$500 limit

☒ July 15

☐ 8th day before election

☒ Dissolution (attach PAC-DR)

☐ Runoff

☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

Month Day Year

01/01/2015

THROUGH

06/30/2015

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE & TOTALS****FORM SPAC
COVER SHEET PG 2****12 COMMITTEE NAME** Let's Go Austin PAC**ACCOUNT #** (Ethics Commission filers)
00000006**13 COMMITTEE PURPOSE**

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

☐ **SUPPORT**
(Candidate or Measure)☐ **OPPOSE**
(Candidate or Measure)☐ **ASSIST**
(Officeholder only)☐ **CANDIDATE**☐ **OFFICEHOLDER**☐ **MEASURE****CANDIDATE / OFFICEHOLDER NAME****OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)****BALLOT IDENTIFICATION / #****ELECTION DATE**
Month Day Year**DESCRIPTION****14 CONTRIBUTION TOTALS****1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 0.00

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

\$ 0.00

EXPENDITURE TOTALS**3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED**

\$ 0.00

4 TOTAL POLITICAL EXPENDITURES

\$ 12,446.15

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.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Hartman, this the 14 day of July, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Malenda Brooks
Print name of officer administering oath

Executive Asst.
Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,446.15
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
12.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 510.00
13.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 5,062.45

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/1		2 FILER NAME Let's Go Austin PAC		3 Filer ID (Ethics Commission Filers)	
4 Date 02/10/2015		5 Payee name Downtown Austin Alliance			
6 Amount (\$) \$12,446.15		7 Payee address: City: State: Zip Code 211 East 7th Street, Suite 818, Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) OTHER - return of contribution		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return of contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 4/6		2 FILER NAME Let's Go Austin PAC		3 ACCOUNT # (TEC filers) 00000006	
4 Date 06/29/2015		5 Payee name Austin Community Foundation			
6 Amount (\$) \$510.00		7 Payee address City: State: Zip Code 4315 Guadalupe St #300 Austin, TX 78751			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (See instructions regarding type of information required.) donation	

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 1/1 Report: 5/6**2** FILER NAME Let's Go Austin PAC**3** ACCOUNT # (Ethics Commission filers)
00000006

4 Date 06/29/2015	5 Name of person from whom amount is received KTBC 6 Address of person from whom amount is received; City; State; Zip Code 119 E 10th St. Austin, TX 78701 7 Purpose for which amount is received media refund	8 Amount (\$) \$510.00
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Date 01/16/2015	Name of person from whom amount is received Sinclair Broadcast Group, Inc. Address of person from whom amount is received; City; State; Zip Code 10706 Beaver Dam Rd. Cockeysville, MD 21030 Purpose for which amount is received media refund	Amount (\$) \$2,125.00
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Date 01/30/2015	Name of person from whom amount is received Time Warner Cable Address of person from whom amount is received; City; State; Zip Code 12012 North Mopac Austin, TX 78758 Purpose for which amount is received media refund	Amount (\$) \$2,427.45
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**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION****FORM PAC - DR**

Page 6 of 6

The Instruction Guide explains how to complete this form.

** Complete only if 'Report Type' on page 1 is marked 'Dissolution' **

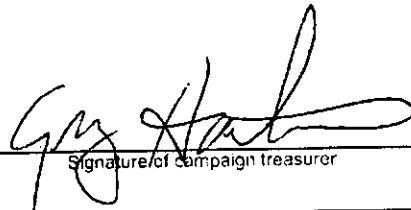
1 COMMITTEE NAME Let's Go Austin PAC

2 ACCOUNT #
(Ethics Commission filer)
00000006

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.



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 Greg Hartman, this the 14 day
of July, 20 15, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Malenda Brooks

Printed name of officer administering oath

Executive Asst.

Title of officer administering oath