# 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 #<br>(Ethics Commission filers)<br><br>00027579 | **2** PAGE #<br><br>1 of 3 |
|---|---|---|

**3** COMMITTEE NAME

RECA Business M/PAC Committee

**OFFICE USE ONLY**

Date Received

SEP 21 PM 2

AUSTIN CITY CLERK RECEIVED

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**4** COMMITTEE ADDRESS

☐ Change of Address

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

98 San Jacinto Blvd.
Suite 510
Austin, TX 78701

Date Hand-delivered or Date Postmarked

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**5** CAMPAIGN TREASURER NAME

MS / MRS / MR     FIRST     MI
    Heidi

NICKNAME     LAST     SUFFIX
    Gerbracht

Receipt #     Amount

Date Processed

Date Imaged

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

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

98 San Jacinto Blvd.
Ste 510
Austin, TX 78701

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**7** CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

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

98 San Jacinto Blvd.
Ste 510
Austin, TX 78701

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**8** CAMPAIGN TREASURER PHONE

AREA CODE     PHONE NUMBER     EXTENSION

(512) 320-4151

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**9** REPORT TYPE

☒ Monthly (Enter date below)     ☐ 10th day after campaign treasurer termination     ☐ Dissolution (attach PAC-DR)

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**10** MONTHLY REPORT FILING DEADLINE

☒ January 5     ☐ April 5     ☐ July 5     ☐ October 5
☐ February 5     ☐ May 5     ☐ August 5     ☐ November 5
☐ March 5     ☐ June 5     ☐ September 5     ☐ December 5

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**11** PERIOD COVERED

Month   Day   Year

11/26/2014     **THROUGH**     12/25/2014

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**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

**FORM MPAC**
**COVER SHEET PG 2**

| 12 COMMITTEE NAME | RECA Business M/PAC Committee | ACCOUNT # 00027579 |
|---|---|---|

| 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) | $ 7,000.00 |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF $10 OR LESS, UNLESS ITEMIZED | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 34,145.46 |
| 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.

Heidi L Gerbracht
_____
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____ , this the _____ day

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

_____     _____     _____
Signature of officer administering oath     Printed name of officer administering oath     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 # <br> Schedule: 1/1  Report: 3/3 |
| **2** FILER NAME    RECA Business M/PAC Committee | **3** ACCOUNT #    (Ethics Commission filers) <br> 00027579 |

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#_____ ) <br> Coleman and Associates, Inc. | **7** Amount of <br> contribution ($) | **8** In-kind contribution <br> description (if applicable) |
|---|---|---|---|
| 12/23/2014 | **6** Contributor address;     City;   State;   Zip Code <br> 9890 Silver Mountain Dr. <br> Austin,  TX 78737 | $1,000.00 | |
| | | (If travel outside of Texas, complete Schedule T) ☐ | |

| **9** Principal occupation / Job title (See Instructions) | **10** Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#_____ ) <br> DRH Inc. | Amount of <br> contribution ($) | In-kind contribution <br> description (if applicable) |
|---|---|---|---|
| 12/18/2014 | Contributor address;     City;   State;   Zip Code <br> 10700 Pecan Park Blvd. <br> Austin,  TX 78750 | $2,000.00 | |
| | | (If travel outside of Texas, complete Schedule T) ☐ | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#_____ ) <br> Land Use Solutions. LLC | Amount of <br> contribution ($) | In-kind contribution <br> description (if applicable) |
|---|---|---|---|
| 12/18/2014 | Contributor address;     City;   State;   Zip Code <br> 701 Brazos St. <br> Ste 500 <br> Austin,  TX 78701 | $2,000.00 | |
| | | (If travel outside of Texas, complete Schedule T) ☐ | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#_____ ) <br> Tausha Carlson Enterprises, LLC | Amount of <br> contribution ($) | In-kind contribution <br> description (if applicable) |
|---|---|---|---|
| 12/18/2014 | Contributor address;     City;   State;   Zip Code <br> 4105 Medical Parkway <br> Ste 209 <br> Austin,  TX 78756 | $2,000.00 | |
| | | (If travel outside of Texas, complete Schedule T) ☐ | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |