

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)
00027579

2 PAGE #
1 of 4

3 COMMITTEE NAME
RECA Business M/PAC Committee

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

RECEIVED
 SEP 21 PM 2:40
 AUSTIN CITY CLERK

4 COMMITTEE ADDRESS
 Change of Address
 ADDRESS / PO BOX; APT/SUITE #; CITY; STATE ZIP CODE
 98 San Jacinto Blvd.
 Suite 510
 Austin, TX 78701

5 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 Heidi
 NICKNAME LAST SUFFIX
 Gerbracht

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

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

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (512) 320-4151

9 REPORT TYPE
 Monthly (Enter date below)
 10th day after campaign treasurer termination
 Dissolution (attach PAC-DR)

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

11 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
 12/26/2014 THROUGH 01/25/2015

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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) <input type="checkbox"/> 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)	\$ 14,000.00
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	\$ 48,145.46
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 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 # Schedule: 1/1 Report: 3/4	
2 FILER NAME RECA Business M/PAC Committee		3 ACCOUNT # (Ethics Commission filers) 00027579	
4 Date 01/22/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graves, Dougherty, Hearon, and Moody 6 Contributor address; City; State; Zip Code 401 Congress Ave Ste 2200 Austin, TX 78701	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/22/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hay Darby PLLC Contributor address; City; State; Zip Code 402 West 7th St. Austin, TX 78701	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

**CORPORATE OR LABOR ORGANIZATION
CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
(for use by committees that support or oppose measures only)**

SCHEDULE C-1

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 4/4	
2 COMMITTEE NAME RECA Business M/PAC Committee		3 ACCOUNT # (Ethics Commission filers) 00027579	
4 Date 01/22/2015	5 Corporation / Labor Organization name Carr Development 6 Corporation / Labor Organization address; City; State; Zip Code 5121 Bee Cave Rd. Ste 207 Austin, TX 78746	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 01/22/2015	Corporation / Labor Organization name Heritage Title Co of Austin, Inc Corporation / Labor Organization address; City; State; Zip Code 2630 Exposition Blvd Ste 105 Austin, TX 78703	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 01/22/2015	Corporation / Labor Organization name RS&H, Inc Corporation / Labor Organization address; City; State; Zip Code 8140 N. MoPac Austin, TX 78759	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 01/22/2015	Corporation / Labor Organization name Standard Pacific of Texas Corporation / Labor Organization address; City; State; Zip Code 11001 Lakeline Blvd Bldg 1, Ste 100 Austin, TX 78717	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Date 01/22/2015	Corporation / Labor Organization name Texas Capital Bank Corporation / Labor Organization address; City; State; Zip Code 98 San Jacinto Blvd Ste 200 Austin, TX 78701	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	