

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 COMMITTEE NAME Austin 4 All PAC			OFFICE USE ONLY Date Received 2016 JUL 15 PM 3:52 RECEIVED AUSTIN CITY CLERK Date Hand-delivered or Date Mailed Receipt # Amount \$ Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2407 S Congress Ave E-384 Austin, TX 78704		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Rachel NICKNAME LAST SUFFIX Kania		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1700 S. Lamar Blvd. # 338 Austin, TX 78704		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2407 S. Congress Ave. E-384 Austin, TX 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 693-8798		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 03 / 16 THROUGH 7 / 15 / 16		
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special Recall Petition for Austin City Council		
GO TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE
PURPOSE

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

☒ SUPPORT
(Candidate or Measure)

☐ OPPOSE
(Candidate or Measure)

☐ ASSIST
(Officeholder)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month / Day / Year

DESCRIPTION

Recall Election

15 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 49.38

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

\$ 46,749.38

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 19,239.33

CONTRIBUTION
BALANCE

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

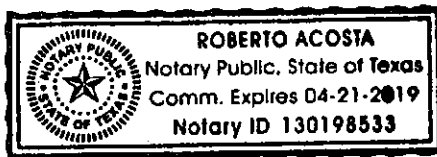
\$ 767.05

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said BENJAMIN WEINMARE, this the FTH
day of July, 20 16, to certify which, witness my hand and seal of office.

Roberto Acosta
Signature of officer administering oath

ROBERTO ACOSTA
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Austin 4 All PAC</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,549.38
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 17,200.00
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 CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,239.33
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 44.00
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Austin 4 All PAC

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

HOCK, Stacy

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address:

City: State: Zip Code

3331 Westlake Dr. Austin, TX 78746

8 Principal occupation / Job title (See Instructions)

Philanthropist

9 Employer (See Instructions)

Date

2/12/16

Full name of contributor

☐ out-of-state PAC (ID#:

Liemandt, Joe

Amount of contribution (\$)

\$20,000.00

Contributor address:

City: State: Zip Code

4516 Island Cove Austin, TX 78731

Principal occupation / Job title (See Instructions)

Business leader

Employer (See Instructions)

Trilogy

Date

2/12/16

Full name of contributor

☐ out-of-state PAC (ID#:

OKPaku, Anive

Amount of contribution (\$)

\$2,500.00

Contributor address:

City: State: Zip Code

PO Box 2035 Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Self

Date

2/15/16

Full name of contributor

☐ out-of-state PAC (ID#:

Papola, John

Amount of contribution (\$)

\$1,000.00

Contributor address:

City: State: Zip Code

3820 S Congress Ave Austin, TX 78704

Principal occupation / Job title (See Instructions)

Visual Artist

Employer (See Instructions)

Emergent Order

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Austin 4 All PAC

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

Tracy, Shannon + Don

6 Contributor address:

City: State: Zip Code

605 Winterfield Dr. #2102 Houston, TX 78634

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

Business leaders

9 Employer (See Instructions)

Date

2/17/16

Full name of contributor

☐ out-of-state PAC (ID#)

Wymann, Dan

Contributor address:

City: State: Zip Code

120 W 5th St. Austin, TX 78701

Amount of contribution (\$)

\$2,500.00

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Summit Night Club

Date

3/9/16

Full name of contributor

☐ out-of-state PAC (ID#)

Rachel Kania

Contributor address:

City: State: Zip Code

1700 S. Lamar Blvd. #338 Austin, TX 78704

Amount of contribution (\$)

\$1.63

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

self

Date

6/15/16

Full name of contributor

☐ out-of-state PAC (ID#)

Steven Zoraster

Contributor address:

City: State: Zip Code

3329 Perry Lane Austin, TX 78731

Amount of contribution (\$)

\$47.75

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Austin4All PAC</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/16/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Borders, Max</i>	8 Amount of Contribution \$ <i>\$2500.00</i>	9 In-kind contribution description <i>Services</i>
7 Contributor address; City; State; Zip Code <i>3820 S Congress Ave Austin, TX 78704</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Academic</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Emergent Order</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>2/16/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Fiber Cove</i>	Amount of Contribution \$ <i>\$1,100.00</i>	In-kind contribution description <i>Services</i>
Contributor address; City; State; Zip Code <i>1700 S. Lamar Blvd. #338 Austin, TX 78704</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Instn 4 All PAC		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 2/16/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mauldin, Ryan	8 Amount of Contribution \$ \$2,500.00	9 In-kind contribution description services
7 Contributor address: City: State: Zip Code 816 Big Woods Rd. Longview, TX 75605		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business leader		11 Employer (FOR NON-JUDICIAL) (See Instructions) Vici Media	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 2/16/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tracy, Shannon Don	Amount of Contribution \$ \$1,100.00	In-kind contribution description services
Contributor address: City: State: Zip Code 605 Winterfield Dr. #2102 Frisco, TX 75034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Philanthropist		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2.

2 FILER NAME

Austin 4 All PAC

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/12/16

6 Full name of contributor ☐ out-of-state PAC (ID#)

Wetmore, Benjamin

7 Contributor address; City; State; Zip Code

5401 SFM 16216 #170-229 Kyle TX

8 Amount of Contribution \$

\$10,000.00

9 In-kind contribution description

Services

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Attorney

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Wetmore Law

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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
Credit Card Payment

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:	2 FILER NAME Austin 4A11 PAC	3 Filer ID (Ethics Commission Filers)
4 Date 3/22/16	5 Payee name C3 Strategies	
6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code 1108 Lavaca St. H 110-329 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Field work	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
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Date 3/9/16	Payee name Uproot Strategies, LLC		
Amount (\$) \$1,514.33	Payee address; City; State; Zip Code 2239 Cromwell Circle Austin, TX 78741		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting	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
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Date 3/9/16	Payee name Moreland Consulting, LLC		
Amount (\$) \$2,725.00	Payee address; City; State; Zip Code 5202 Woodmoor Dr. Austin, TX 78721		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting	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
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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 Total pages Schedule I:		2 FILER NAME Austin 4 All PAC		3 Filer ID (Ethics Commission Filers)	
4 Date 3/3/16		5 Payee name Wells Fargo			
6 Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 3919 S. Lamar Blvd. Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) Fee		(b) Description (See instructions regarding type of information required.)	
Date 5/31/16		Payee name Wells Fargo			
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 3949 S. Lamar Blvd. Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Fee		Description (See instructions regarding type of information required.)	
Date 6/30/16		Payee name Wells Fargo			
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 3949 S. Lamar Blvd. Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Fee		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC - DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

AUSTIN 4 ALL PAC

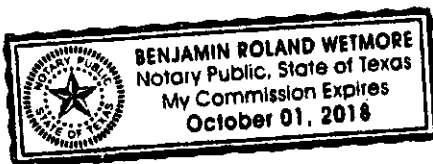
2 Filer ID (Ethics Commission Filers)

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.

Rachel Kani
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 Rachel Kani, this the 15th day of July, 20 16, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Benjamin Wetmore
Printed name of officer administering oath

Notary
Title of officer administering oath