

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) <div style="font-size: 1.2em; font-family: cursive;">00066477</div>	2 Total pages filed: <div style="font-size: 1.5em; font-family: cursive;">36</div>
3 COMMITTEE NAME <div style="font-size: 1.2em; font-family: cursive;">STONEWALL DEMOCRATS OF AUSTIN</div>		<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         2016 JUL 15 PM 4:04                          RECEIVED                          AUSTIN CITY CLERK                     </div> <div>                         Date Received                           Date Hand-delivered or Date Postmarked                           Receipt #                           Amount \$                           Date Processed                           Date Imaged                     </div> </div> </div>	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 40898 AUSTIN, TX 78704-0898</div>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR; FIRST; MI; LAST; SUFFIX <div style="font-size: 1.2em; font-family: cursive;">MR. RICH BAILEY</div>		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">7107 TAWNY CIR AUSTIN, TX 78745-6426</div>		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 2062 AUSTIN, TX 78768-2062</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; font-family: cursive;">(512) 771-3538</div>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15  <input checked="" type="checkbox"/> July 15                         </div> <div> <input type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff                         </div> <div> <input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination                         </div> </div>		
10 PERIOD COVERED	Month Day Year <div style="font-size: 1.2em; font-family: cursive;">01 / 01 / 2016</div> THROUGH <div style="border: 1px solid black; padding: 5px; display: inline-block;">                     Month Day Year                      06 / 30 / 2016                 </div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em; font-family: cursive;">03 / 01 / 2016</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General                         </div> <div> <input type="checkbox"/> Runoff  <input type="checkbox"/> Special                         </div> <div> <input type="checkbox"/> Other Description                         </div> </div>		

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC  
COVER SHEET PG 2

12 COMMITTEE NAME

STONEWALL DEMOCRATS OF AUSTIN

13 Filer ID (Ethics Commission Filers)

00066477

14 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 0/3/01/2016 CITY OF AUSTIN PROPOSITION 1  
FINGERPRINTING REQUIREMENTS FOR TNCs

3. Officeholders  
Assisted

(Identify by name  
or, if applicable,  
classify by party.)

15 CONTRIBUTION  
TOTALS

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

☐ check here if this report qualifies for the higher itemization threshold

\$ 0

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

\$ 1395.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2571.84

CONTRIBUTION  
BALANCE

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

\$ 5673.33

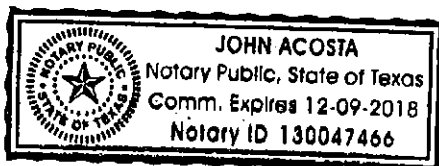
OUTSTANDING  
LOAN TOTALS

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

\$ 0

16 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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Rich Bailey*  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Rich Bailey this the 15th  
day of July, 2016, to certify which, witness my hand and seal of office.

*John Acosta*  
Signature of officer administering oath

John Acosta  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - GPAC

FORM GPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <i>STONEWALL DEMOCRATS OF AUSTIN</i>		18 Filer ID (Ethics Commission Filers) <i>00066477</i>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1395.00</i>
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 C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2571.84</i>
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
15.	<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:

1/9

2 FILER NAME

STONEWALL DEMOCRATS OF AUSTIN

3 Filer ID (Ethics Commission Filers)

00066477

4 Date

01/02/2016

5 Full name of contributor

RICK COFLER

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

30.00

6 Contributor address; City; State; Zip Code

1212 CASTLE HILL ST #14  
AUSTIN, TX 78703

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

TRAVIS COUNTY

Date

01/05/2016

Full name of contributor

RAMSEY KO

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

60.00

Contributor address; City; State; Zip Code

4504 RUIZ ST  
AUSTIN, TX 78723

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

JUNG KO PLLC

Date

01/05/2016

Full name of contributor

RUBEN BAEZA

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

30.00

Contributor address; City; State; Zip Code

2021 CHRISTOFF LOOP  
AUSTIN, TX 78748

Principal occupation / Job title (See Instructions)

PROSECUTOR

Employer (See Instructions)

TRAVIS COUNTY

Date

01/11/2016

Full name of contributor

LAWRENCE ALDRIDGE

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

609 A TEXAS AVE  
AUSTIN, TX 78705

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

ALORI PROPERTIES

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:

2/9

2 FILER NAME

STONEWALL DEMOCRATS OF AUSTIN

3 Filer ID (Ethics Commission Filers)

00066477

4 Date

01/14/2016

5 Full name of contributor

SARAH GOODFRIEND

☐ out-of-state PAC (ID#):

7 Amount of contribution (\$)

60.00

6 Contributor address;

1500 W. 24th ST

City: State: Zip Code

AUSTIN, TX 78703

8 Principal occupation / Job title (See Instructions)

NONE

9 Employer (See Instructions)

NONE

Date

01/14/2016

Full name of contributor

DAVID KING

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

60.00

Contributor address;

1808 KERR AVE

City: State: Zip Code

AUSTIN, TX 78704

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

01/14/2016

Full name of contributor

GUILLERMO VILARREAL

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

15.00

Contributor address;

2407 S. CONGRESS AVE, STE E #141

City: State: Zip Code

AUSTIN, TX 78704

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

NOT EMPLOYED

Date

01/15/2016

Full name of contributor

KARL-THOMAS MUSSELMAN

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

30.00

Contributor address;

2819 FOSTER LN #F224

City: State: Zip Code

AUSTIN, TX 78757

Principal occupation / Job title (See Instructions)

ORGANIZER

Employer (See Instructions)

SELF

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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: 3/9

2 FILER NAME

STONEWALL DEMOCRATS OF AUSTIN

3 Filer ID (Ethics Commission Filers)

00066477

4 Date

01/15/2016

5 Full name of contributor

☐ out-of-state PAC (ID#:

KATHIE TOVO

7 Amount of contribution (\$)

30.00

6 Contributor address;

809 W. 32ND ST

City; State; Zip Code

AUSTIN, TX 78705

8 Principal occupation / Job title (See Instructions)

COUNCIL MEMBER

9 Employer (See Instructions)

CITY OF AUSTIN

Date

01/18/2016

Full name of contributor

☐ out-of-state PAC (ID#:

JAN SOIFER

Amount of contribution (\$)

60.00

Contributor address;

5408 HURLOCK DR

City; State; Zip Code

AUSTIN, TX 78731

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

O'CONNELL & SOIFER LLP

Date

01/19/2016

Full name of contributor

☐ out-of-state PAC (ID#:

GARET BROWN

Amount of contribution (\$)

30.00

Contributor address;

3802 HAWKSHED DR

City; State; Zip Code

AUSTIN, TX 78727

Principal occupation / Job title (See Instructions)

COMMUNITY OUTREACH DIRECTOR

Employer (See Instructions)

TRAVIS COUNTY

Date

01/23/2016

Full name of contributor

☐ out-of-state PAC (ID#:

SUSAN STEEG

Amount of contribution (\$)

30.00

Contributor address;

8702 EL RAY BLVD

City; State; Zip Code

AUSTIN, TX 78737

Principal occupation / Job title (See Instructions)

JUDGE

Employer (See Instructions)

TRAVIS COUNTY

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:

4/9

2 FILER NAME

STONEWALL DEMOCRATS OF AUSTIN

3 Filer ID (Ethics Commission Filers)

00066477

4 Date

01/24/2016

5 Full name of contributor

☐ out-of-state PAC (ID#)

EDDIE NANCEZ

7 Amount of contribution (\$)

30.00

6 Contributor address;

City; State; Zip Code

524 TUDOR HOUSE  
PFLUGERVILLE, TX 78660

8 Principal occupation / Job title (See Instructions)

ACCOUNTANT

9 Employer (See Instructions)

TX DEPT TRANSPORTATION

Date

01/26/2016

Full name of contributor

☐ out-of-state PAC (ID#)

KEN O'NEAL

Amount of contribution (\$)

30.00

Contributor address;

City; State; Zip Code

2105 WESTFAWAN TR  
AUSTIN, TX 78733

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

SELF

Date

01/27/2016

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM PHILIPS

Amount of contribution (\$)

15.00

Contributor address;

City; State; Zip Code

6903 MOONMONT DR  
AUSTIN, TX 78745

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

LOBLOLLY CONSULTING LLC

Date

01/27/2016

Full name of contributor

☐ out-of-state PAC (ID#)

CELIA ISRAEL

Amount of contribution (\$)

30.00

Contributor address;

City; State; Zip Code

3604 CARLA DR  
AUSTIN, TX 78754

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

MISSION RESOURCES

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: <b>5/9</b>
2 FILER NAME <b>STONEWALL DEMOCRATS OF AUSTIN</b>		3 Filer ID (Ethics Commission Filers) <b>00066477</b>
4 Date <b>01/28/2016</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>THOMAS WILLIAM</b> 6 Contributor address; City; State; Zip Code <b>4825 DAVIS LN #1913 AUSTIN, TX 78749</b>	7 Amount of contribution (\$) <b>30.00</b>
8 Principal occupation / Job title (See Instructions) <b>CAMPAIGN MANAGER</b>		9 Employer (See Instructions) <b>SELF</b>
Date <b>01/28/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JIMMY FLANNIGAN</b> Contributor address; City; State; Zip Code <b>8601 ANDERSON MILL RD #1023 AUSTIN, TX 78729</b>	Amount of contribution (\$) <b>30.00</b>
Principal occupation / Job title (See Instructions) <b>WEB DEVELOPER</b>		Employer (See Instructions) <b>MCGINNIS LOCKRIDGE</b>
Date <b>01/28/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SAUL GONZALEZ</b> Contributor address; City; State; Zip Code <b>305 CHAPENDALE AVE AUSTIN, TX 78745</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>CANCER INFORMATION SPECIALIST</b>		Employer (See Instructions) <b>AMERICAN CANCER SOCIETY</b>
Date <b>01/28/2016</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ZACHARY RODRIGUEZ</b> Contributor address; City; State; Zip Code <b>11160 JOLLYVILLE RD #432</b>	Amount of contribution (\$) <b>15.00</b>
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions) <b>NOT EMPLOYED</b>

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: <u>6/9</u>
2 FILER NAME <u>STONEMAN DEMOCRATS OF AUSTIN</u>		3 Filer ID (Ethics Commission Filers) <u>00066477</u>
4 Date <u>01/28/2016</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DENSE BOOKER</u>	7 Amount of contribution (\$) <u>30.00</u>
6 Contributor address; City; State; Zip Code <u>5800 TECHNI CENTER DR #412</u> <u>AUSTIN, TX 78721</u>		
8 Principal occupation / Job title (See Instructions) <u>DEALER</u>		9 Employer (See Instructions) <u>THE CASINO CONNECTION</u>
Date <u>01/28/2016</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>RODNEY FLORENCE</u>	Amount of contribution (\$) <u>15.00</u>
Contributor address; City; State; Zip Code <u>303 LIGHTSEY</u> <u>AUSTIN, TX 78704</u>		
Principal occupation / Job title (See Instructions) <u>NOT EMPLOYED</u>		Employer (See Instructions) <u>NOT EMPLOYED</u>
Date <u>01/28/2016</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>CHANTAL ELDRIDGE</u>	Amount of contribution (\$) <u>30.00</u>
Contributor address; City; State; Zip Code <u>6526 NEEDHAM LN</u> <u>AUSTIN, TX 78739</u>		
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		Employer (See Instructions) <u>SELF</u>
Date <u>01/28/2016</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>BARBARA RUSH</u>	Amount of contribution (\$) <u>30.00</u>
Contributor address; City; State; Zip Code <u>9819 CHILDRESS DR</u> <u>AUSTIN, TX 78753</u>		
Principal occupation / Job title (See Instructions) <u>CHIEF OF STAFF</u>		Employer (See Instructions) <u>TRAVIS COUNTY</u>
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7/9**

2 FILER NAME

**STONSWALL DEMOCRATS OF AUSTIN**

3 Filer ID (Ethics Commission Filers)

**00066477**

4 Date

**01/28/2016**

5 Full name of contributor

**CARLOS LOPEZ**

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

**60.00**

6 Contributor address; City; State; Zip Code

**10305 JAMES RYAN WAY  
AUSTIN, TX 78730**

8 Principal occupation / Job title (See Instructions)

**CONSTABLE**

9 Employer (See Instructions)

**TRAVIS COUNTY**

Date

**02/04/2016**

Full name of contributor

**JAMES ROQUE**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**15.00**

Contributor address; City; State; Zip Code

**6815 DEPAUL CV  
AUSTIN, TX 78723**

Principal occupation / Job title (See Instructions)

**NOT EMPLOYED**

Employer (See Instructions)

**NOT EMPLOYED**

Date

**03/19/2016**

Full name of contributor

**ANDREW DELONY**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**75.00**

Contributor address; City; State; Zip Code

**8004 CASTLE PEAK TR  
AUSTIN, TX 78726**

Principal occupation / Job title (See Instructions)

**NOT EMPLOYED**

Employer (See Instructions)

**NOT EMPLOYED**

Date

**03/19/2016**

Full name of contributor

**DEBRA DANBURG**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**60.00**

Contributor address; City; State; Zip Code

**3000 CEDARVIEW DR  
AUSTIN, TX 78704**

Principal occupation / Job title (See Instructions)

**RETIRED**

Employer (See Instructions)

**RETIRED**

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: 8/9

2 FILER NAME

STONEWALL DEMOCRATS OF AUSTIN

3 Filer ID (Ethics Commission Filers)

00066477

4 Date

03/19/2016

5 Full name of contributor

☐ out-of-state PAC (ID#:

BRANDON WEBB

7 Amount of contribution (\$)

30.00

6 Contributor address;

City; State; Zip Code

930 SUTTER ST #502  
SAN FRANCISCO, CA 94109

8 Principal occupation / Job title (See Instructions)

UNKNOWN

9 Employer (See Instructions)

FACEBOOK

Date

03/21/2016

Full name of contributor

☐ out-of-state PAC (ID#:

ALEXANDRA TAMEZ

Amount of contribution (\$)

30.00

Contributor address;

City; State; Zip Code

1611 GILES ST  
AUSTIN, TX 78722

Principal occupation / Job title (See Instructions)

BARTENDER

Employer (See Instructions)

MCGUIRE MOORMAN HOSPITALITY

Date

04/13/2016

Full name of contributor

☐ out-of-state PAC (ID#:

KENNETH GOBER

Amount of contribution (\$)

30.00

Contributor address;

City; State; Zip Code

11527 HEATHROW DR  
AUSTIN, TX 78759

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF

Date

04/13/2016

Full name of contributor

☐ out-of-state PAC (ID#:

ROBERT LONAX

Amount of contribution (\$)

60.00

Contributor address;

City; State; Zip Code

9226 JOLLYVILLE RD #271  
AUSTIN, TX 78759

Principal occupation / Job title (See Instructions)

PROGRAMMER

Employer (See Instructions)

PDI TEMPLE, TX

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: 9/9
2 FILER NAME STONEWALL DEMOCRATS OF AUSTIN		3 Filer ID (Ethics Commission Filers) 00066477
4 Date 04/15/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NOEL LANDUYT	7 Amount of contribution (\$) 30.00
6 Contributor address; City; State; Zip Code 10100 LACHLAN DR AUSTIN, TX 78717		
8 Principal occupation / Job title (See Instructions) ADMINISTRATOR		9 Employer (See Instructions) UT AUSTIN
Date 04/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUSTY SMITH	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code 15209 FALCON DR AUSTIN, TX 78734		
Principal occupation / Job title (See Instructions) CHECKER		Employer (See Instructions) HEB
Date 06/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANA WEIS	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code 6903 TREATY OAK CIR AUSTIN, TX 78749		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		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		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount  
of Pledge \$

9 In-kind contribution  
description

7 Pledgor address; City; State; Zip Code

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

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount  
of Pledge \$

In-kind contribution  
description

Pledgor address; City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount  
of Pledge \$

In-kind contribution  
description

Pledgor address; City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount  
of Pledge \$

In-kind contribution  
description

Pledgor address; City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

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.

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of contribution (\$)

6 Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

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# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name  ..... 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$	8 In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description  ..... <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T

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# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	6 Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
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Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**NON-MONETARY SUPPORT FROM  
CORPORATION OR LABOR ORGANIZATION****SCHEDULE C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Corporation / Labor Organization name	<b>6</b> Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
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Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)
Date	Corporation / Labor Organization name	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# **PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

## **SCHEDULE D**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule D:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Corporation / Labor Organization name

**7** Amount of  
Contribution \$

**8** In-kind contribution  
description

**6** Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Date

Corporation / Labor Organization name

Amount of  
Contribution \$

In-kind contribution  
description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Date

Corporation / Labor Organization name

Amount of  
Contribution \$

In-kind contribution  
description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Date

Corporation / Labor Organization name

Amount of  
Contribution \$

In-kind contribution  
description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

Date

Corporation / Labor Organization name

Amount of  
Contribution \$

In-kind contribution  
description

Corporation / Labor Organization address; City; State; Zip Code

☐ Check if travel outside of Texas, complete Schedule T

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y    N	<b>8</b> Lender address;                      City;        State;        Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)  <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address;                      City;        State;        Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial Institution?</b>  Y    N	<b>Lender address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b>  <input type="checkbox"/> none		<b>Check if personal funds were deposited into political account (See Instructions)</b>  <input type="checkbox"/>
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If lender 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.

<b>1</b> Total pages Schedule F1: <div style="text-align: center; font-size: 1.2em;">1/9</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">STONEMAN DEMOCRATS OF AUSTIN</div>	<b>3</b> Filer ID (Ethics Commission Filers) <div style="text-align: center; font-size: 1.2em;">00066477</div>
<b>4</b> Date <div style="text-align: center; font-size: 1.2em;">01/03/2016</div>	<b>5</b> Payee name <div style="text-align: center; font-size: 1.2em;">ACTBLUE TECHNICAL SERVICES</div>	
<b>6</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">1.19</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Expenditure from corporate funds         </div>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">366 SUMNER ST SOMERVILLE, MA 02144-3132</div>	
<b>8</b> <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FEES</div>	<b>(b)</b> Description <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> <div style="text-align: center; font-size: 1.2em;">SERVICE FEE</div>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>Date</b> <div style="text-align: center; font-size: 1.2em;">01/10/2016</div>	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">ACTBLUE TECHNICAL SERVICES</div>	
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">3.56</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Expenditure from corporate funds         </div>	<b>Payee address; City; State; Zip Code</b> <div style="text-align: center; font-size: 1.2em;">366 SUMNER ST SOMERVILLE, MA 02144-3132</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FEES</div>	<b>Description</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> <div style="text-align: center; font-size: 1.2em;">SERVICE FEE</div>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
<b>Date</b> <div style="text-align: center; font-size: 1.2em;">01/17/2016</div>	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">ACTBLUE TECHNICAL SERVICES</div>	
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">7.72</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Expenditure from corporate funds         </div>	<b>Payee address; City; State; Zip Code</b> <div style="text-align: center; font-size: 1.2em;">366 SUMNER ST SOMERVILLE, MA 02144-3132</div>	
<div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FEES</div>	<b>Description</b> <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </div> <div style="text-align: center; font-size: 1.2em;">SERVICE FEE</div>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		

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# 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: <b>2/9</b>	2 FILER NAME <b>STONEWALL DEMOCRATS of Austin</b>	3 Filer ID (Ethics Commission Filers) <b>00066477</b>
4 Date <b>01/24/2016</b>	5 Payee name <b>ACTBLUE TECHNICAL SERVICES</b>	
6 Amount (\$) <b>5.94</b> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <b>366 SUMNER ST SOMERVILLE, MA 02144-3132</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>SERVICE FEE</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>01/31/2016</b>	Payee name <b>ACTBLUE TECHNICAL SERVICES</b>	
Amount (\$) <b>9.93</b> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <b>366 SUMNER ST SOMERVILLE, MA 02144-3132</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>SERVICE FEE</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>02/07/2016</b>	Payee name <b>ACTBLUE TECHNICAL SERVICES</b>	
Amount (\$) <b>0.60</b> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <b>366 SUMNER ST SOMERVILLE, MA 02144-3132</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>SERVICE FEE</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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# 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: <b>3/9</b>		2 FILER NAME <b>STONEWALL DEMOCRATS OF AUSTIN</b>		3 Filer ID (Ethics Commission Filers) <b>00066477</b>	
4 Date <b>03/20/2016</b>		5 Payee name <b>ACTBLUE TECHNICAL SERVICES</b>			
6 Amount (\$) <b>2.98</b> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <b>366 SUMNER ST SOMERVILLE, MA 02144-3132</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>SERVICE FEES</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>03/27/2016</b>		Payee name <b>ACTBLUE TECHNICAL SERVICES</b>			
Amount (\$) <b>1.19</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>366 SUMNER ST SOMERVILLE, MA 02144-3132</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>SERVICE FEES</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>04/17/2016</b>		Payee name <b>ACT BLUE TECHNICAL SERVICES</b>			
Amount (\$) <b>3.57</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>366 SUMNER ST SOMERVILLE, MA 02144-3132</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>FEES</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>SERVICE FEES</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# 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: <b>4/9</b>		2 FILER NAME <b>STONEWALL DEMOCRATS OF AUSTIN</b>		3 Filer ID (Ethics Commission Filers) <b>00066477</b>	
4 Date <b>01/27/2016</b>		5 Payee name <b>OFFICE MAX</b>			
6 Amount (\$) <b>50.16</b> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <b>907 W. 5TH ST SUITE 101 AUSTIN, TX 78703-5421</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>PRINTING</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>01/29/2016</b>		Payee name <b>LOW BURNAM</b>			
Amount (\$) <b>100.00</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>P.O. BOX 1874 FORT WORTH, TX 76101-1874</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>LOW BURNAM</b>		Office sought <b>RAILROAD COMMISSIONER</b> Office held	
Date <b>01/29/2016</b>		Payee name <b>GARY COBB</b>			
Amount (\$) <b>100.00</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>P.O. BOX 685008 AUSTIN, TX 78701-5008</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>GARY COBB</b>		Office sought <b>DISTRICT ATTORNEY</b> Office held	

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# 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: <b>5/9</b>		2 FILER NAME <b>STONEWALL DEMOCRATS OF AUSTIN</b>		3 Filer ID (Ethics Commission Filers) <b>00066477</b>	
4 Date <b>01/29/2016</b>		5 Payee name <b>HUEY FISCHER</b>			
6 Amount (\$) <b>200.00</b> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <b>810 E. DEAN KEATON DR AUSTIN, TX 78705-3202</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>HUEY FISCHER</b>		Office sought <b>STATE REPRESENTATIVE -HD49</b>	
Date <b>01/29/2016</b>		Payee name <b>SCOT GALLAHER</b>			
Amount (\$) <b>100.00</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>P.O. Box 8144 AUSTIN, TX 78713-8144</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>SCOTT GALLAHER</b>		Office sought <b>U.S. CONGRESS</b>	
Date <b>01/29/2016</b>		Payee name <b>SALLY HERNANDEZ</b>			
Amount (\$) <b>100.00</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>P.O. Box 152032 AUSTIN, TX 78715-2032</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>SALLY HERNANDEZ</b>		Office sought <b>SHERIFF</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>6/9</b>		2 FILER NAME <b>STONWALL DEMOCRATS OF AUSTIN</b>		3 Filer ID (Ethics Commission Filers) <b>00066477</b>	
4 Date <b>01/29/2016</b>		5 Payee name <b>JAMES NORTON</b>			
6 Amount (\$) <b>100.00</b> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <b>P.O. BOX 2598 AUSTIN, TX 78768-2598</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN CONTRIBUTION</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JAMES NORTON</b>		Office sought <b>COUNTY COMMISSIONER - PCT 1</b>	
Date <b>01/29/2016</b>		Payee name <b>RICK SCHUMACHER</b>			
Amount (\$) <b>100.00</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>1303 JULY DR AUSTIN, TX 78753-2923</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>RICK SCHUMACHER</b>		Office sought <b>CONSTABLE - PCT 1</b>	
Date <b>01/29/2016</b>		Payee name <b>JOHN SISSON</b>			
Amount (\$) <b>200.00</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>P.O. BOX 833 AUSTIN, TX 78767-0833</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JOHN SISSON</b>		Office sought <b>SHERIFF</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7/9</b>		2 FILER NAME <b>STONEWALL DEMOCRATS OF AUSTIN</b>		3 Filer ID (Ethics Commission Filers) <b>00066477</b>	
4 Date <b>01/29/2016</b>		5 Payee name <b>JAN SOIFER</b>			
6 Amount (\$) <b>100.00</b> <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code <b>98 SAN JACINTO BLVD, SUITE 540 AUSTIN, TX 78701-4284</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>JAN SOIFER</b>		Office sought <b>395TH DISTRICT JUDGE</b>	
Date <b>01/29/2016</b>		Payee name <b>BRAD URRUTIA</b>			
Amount (\$) <b>100.00</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>P.O. Box 252 MANHACA, TX 78652-0252</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>CAMPAIGN DONATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>BRAD URRUTIA</b>		Office sought <b>450TH DISTRICT JUDGE</b>	
Date <b>02/06/2016</b>		Payee name <b>SARAH GOODFRIEND</b>			
Amount (\$) <b>500.00</b> <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code <b>1500 W. 24TH ST AUSTIN, TX 78703-2404</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>REIMBURSEMENT FOR PRIDE BOOTH/ PARADE</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# 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: <b>8/9</b>	2 FILER NAME <b>STONEWALL DEMOCRAT OF AUSTIN</b>	3 Filer ID (Ethics Commission Filers) <b>00066477</b>
4 Date <b>02/11/2016</b>	5 Payee name <b>TEXAS STONEWALL DEMOCRATIC CAUCUS</b>	
6 Amount (\$) <b>135.00</b> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code <b>P.O. Box 42200 Austin, TX 78704-2200</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>OTHER / DUES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>MEMBERSHIP DUES</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>06/10/2016</b>	Payee name <b>TEXAS STONEWALL DEMOCRATIC CAUCUS</b>	
Amount (\$) <b>200.00</b> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <b>P.O. Box 42200 Austin, TX 78704-2200</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER / DUES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>MEMBERSHIP DUES</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>06/10/2016</b>	Payee name <b>TEXAS STONEWALL DEMOCRATIC CAUCUS</b>	
Amount (\$) <b>250.00</b> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <b>P.O. Box 42200 Austin, TX 78704-2200</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPRESS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>RECEPTION SPONSORSHIP</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# 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.

<b>1</b> Total pages Schedule F1: <div style="font-size: 1.5em; font-family: cursive;">9/9</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em; font-family: cursive;">STONEWALL DEMOCRATS OF AUSTIN</div>	<b>3</b> Filer ID (Ethics Commission Filers) <div style="font-size: 1.2em; font-family: cursive;">00066477</div>
<b>4</b> Date <div style="font-size: 1.2em; font-family: cursive;">06/10/2016</div>	<b>5</b> Payee name <div style="font-size: 1.2em; font-family: cursive;">DAVID HOLMES</div>	
<b>6</b> Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">200.00</div> <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">P.O. BOX 161811 AUSTIN, TX 78616-1811</div>	
<b>8</b>  <div style="text-align: center;"><b>PURPOSE OF EXPENDITURE</b></div>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">CONTRIBUTION / DONATION</div>	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <div style="font-size: 1.2em; font-family: cursive;">CAMPAIGN DONATION</div>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Candidate / Officeholder name  <div style="font-size: 1.2em; font-family: cursive;">DAVID HOLMES</div> </div> <div style="width: 45%;"> Office sought  <div style="font-size: 1.2em; font-family: cursive;">Commissioner - PCT 3</div> </div> </div>		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 45%;">Office sought</div> </div>		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 45%;">Office sought</div> </div>		

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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code
--	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 F4:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date

6 Payee name

7 Amount (\$)

8 Payee address; City; State; Zip Code

☐ Expenditure from  
corporate funds

9 TYPE OF  
EXPENDITURE

☐ Political

☐ Non-Political

10

PURPOSE  
OF  
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

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

☐ Check if Austin, TX, officeholder living expense

11 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

☐ Expenditure from  
corporate funds

TYPE OF  
EXPENDITURE

☐ Political

☐ Non-Political

PURPOSE  
OF  
EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

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

☐ 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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address;      City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom amount is received

**8** Amount (\$)

**6** Address of person from whom amount is received; City; State; Zip Code

**7** Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
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

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.

\_\_\_\_\_  
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 \_\_\_\_\_, 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