	N/AMENDMENT AFF	IDAVIT	FORM	COR-PAC
1 Filer ID (Elhics Commi	ission Filers)	2 Total pages lifed:	OFFIC	E USE ONLY
3 COMMITTEE NAME 4 TREASURER NAME	Austinites for Equity		Date Received	2016 0
* TREASURER IVAIVIE	Jack Kirfinan			REC OPT 3
5 ORIGINAL REPORT TYPE	X January 15 July 15	Runotf  10th day after campaign treasurer termination		ECEIVED 31 FM
	30th day before election	Dissolution Report	Date Hand-delivered	or Date Postmarked
	8th day before election	Other (specify	Receipt #	Amount 👣
6 ORIGINAL PERIOD COVERED	kionth Day Year	Month Day Year	Date Processed	+
COVENED	07 / 01 / 2014 1	THROUGH 12 31 / 2014	Date Imaged	
8 AFFIDAVIT	report i	or, or affirm, under penalty of strue and correct.  ONLY if applicable:		
Notary Publ Comm. Exp	S BLANTON ic, State of Texas pires 02-26-2020 D 130557468 Other report that the or affin	nnual reports: I swear, or affirm in good faith and without a resent the information contained reports: I swear, or affirm, the not later than the 14th business a report as originally filed is inaccomplished any error of emission in ade in good faith.	n intent to m in the report.  at I am filing t day after the c urate or incomp	his corrected date I learned date I swear,
Sworn to and subscribed	before me, by the said	Signature of Car Signature of Car y which witness my hard and seal of office.	npaign Treasurer , this the	day of
Signature of officer adm	sinistering oath Printed	name of officer administering	Title of office	er administering oath
Remo		Of The Campaign Finance Re t And Explain Corrections	port Form	•

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	de explains how to complete this form.	Filer ID (Ethics Commis	ssion Filers)	2 Total pages fil	ed:
3 COMMITTEE NAME			`	OFFICE	USE ONLY
Austinites for E	quity			Date Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE;	ZIP CODE		
Change of Address	1812 Centre Creek Dr Suite 310 Austin	, TX 78754			
				Date Hand-delivered	or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		МІ	Receipt #	Amount \$
NAME	Jack			Date Processed	
	NICKNAME LAST Kirlman		SUFFIX	Date Imaged	,
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT	/ SUITE #; CITY;	STATE;	ZIP CODE	
TREASURER STREET ADDRESS (Residence or Business)	15408 Interlachen Dr Austin, TX 78717				
7 CAMPAIGN TREASURER MAILING ADDRESS		/ SUITE #; CITY;	STATE:	ZIP CODE	
Change of Address	1812 Centre Creek Dr Suite 310 Austin, TX 7875	<b>,4</b>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( 512 ) 658-4892	EXTENSIO	ON		
9 REPORT TYPE		day before election day before election		Exceeded \$500 limit Dissolution (Attach PAC	:-DR) n treasurer termination
10" PERIOD COVERED	Month Day Year			Month Day	Year
COVENCD	07 / 01 / 2014	THROUGH		12 / 31	2014
11 ELECTION	Month Day Year Prima	Bry Runofl	Other Description		
		<u></u>	2		
	GO T	O 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.)	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME  Mike Martinez, Ora Houston, Delia Garza, Sabino Reni Jimmy Flannigan, Leslie Pool, Ed Scruggs, Kathy Tovo	
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeho	older)
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION/#	ELECTION DATE
ASSIST	MEASURE	Month	
(Officeholder)		DESCRIPTION	
15 CONTRIBUTION TOTALS		L CONTRIBUTIONS OF \$50 OR LESS (OTHER TI S, OR GUARANTEES OF LOANS), UNLESS ITEM	
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL	ITEMIZED \$	
, 	4. TOTAL POLITICA	AL EXPENDITURES	\$ \$87,939.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ \$6,866.94
OUTSTANDING LOAN TOTALS		LAMOUNT OF ALL OUTSTANDING LOANS AS OF EREPORTING PERIOD	F THE \$
16 AFFIDAVIT		I swear, or affirm, under penalty of portion report is true and correct and include be reported by me under Title 15, El	des all information required to
		Signature of Campa	aign Treasurer
AFFIX NOTARY STAMP / SEA	<b>ALABOVE</b>	-	<u>.</u>
Sworn to and subscribed	before me, by the said		, this the
		o certify which, witness my hand and seal	
Signature of officer adminis	stering oath Printed	I name of officer administering oath	Title of officer administering oath

## SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Cor	nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	<b>\$</b> ,
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORP ORGANIZATION	ORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	R ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$ 87,939.39
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$
	•		
		• .	
	•		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Candidate/Officeholder/Political Committee Event Expense rees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Travel In District Contributions/Donations Made By Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austinites for Equity 4 Date 5 Payee name Austin FireFighters Pub Safety Fund 10/17/2014 City; State; Zip Code 6 Amount (\$) 5000.00 7537 Cameron Road Austin TX 78752 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense TV Roll **EXPENDITURE** Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Mike Martinez City Council Mayor Payee name Date 10-22-2014 Natalee Mathis City; State; Zip Code Amount (\$) Pavee address: 84,00 7704 Copperas Dr Austin, TX 78749 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Blockwalking Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Greg Casar City Council District 4 Payee name Date 10-22-2014 Gattis Pizza City; State; Zip Code Payee address; Amount (\$) 7525 Hwy 290 East 70723 35.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Phone Bank-Food Candidate / Officeholder name Office sought Office held. Complete ONLY if direct expenditure to benefit C/OH City Council District 4 Greg Casar ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Poiling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austinites for Equity 4 Date 5 Payee name **Kelly Graphics** 10/20/2014 6 Amount (\$) 7 Pavee address: City; State; Zip Code 2,591.47 1409 QuakerRidge Austin, TX 78746 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Printing and Postage **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Sabino Renteria City Council District 3 Payee name Date 10-16-2014 FedEX Office Amount (\$) City; State; Zip Code Pavee address: 219,47 9222 Burnet Rd #101 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Printing-leaflit Complete ONLY if direct Candidate / Officeholder name Office sought Office held ESLIE POOL expenditure to benefit C/OH City Council District 7 Date Payee name 10-20-2014 **Kelly Graphics** Amount (\$) Payee address; City; State; Zip Code 6753.65 1409 QuakerRidge Austin, TX 78746 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Printing and Postage Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH City Council District 10

Mandy Dealey

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense
Contributions/Donations Made By

Advertising Expense

Accounting/Banking

Food/Beverage Expense Gift/Awards/Memorials 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)

Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austinites for Equity 4 Date 5 Payee name 10/17/2014 Mark Littlefield 6 Amount (\$) City; State; Zip Code 7 Payee address; 350.00 PO Box 90591 Austin, TX 78709 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Data Info EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH 10-1 Candidates City Council and Mayor Payee name Date 10-24-2014 Worley Printing Amount (\$) Payee address; City; State; Zip Code 3217 North IH 35 Austin, TX 78722 1763.53 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Gheck if Austin, TX, officeholder living expense EXPENDITURE Printing

expenditure to benefit C/OH	Leslie Pool		City Council District 7
Date	Payee name	·	
10-24-2014	Worley Printing		
Amount (\$)	Payee address;	City; State; Zip Code	
1942.31	3217 North IH 35	5 Austin, TX 78722	
PURPOSE OF	Category (See Categories	s listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Office sought

Office sought

City Council District 7

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Leslie Pool

Candidate / Officeholder name

Postage

Complete ONLY if direct

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Office held

Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Food/Beverage Expense y Gift/Awards/Memorials Expense	Office Overhead/Hental Expense Polling Expense Printing Expense Salaries/Wages/Confract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	_	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Austinites for Equity		
4 Date	5 Payee name	•	
10/24/2014	Worley Printing	·	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
2415.88	3217 North IH 35 Austin, TX 78722		Section (1996)
8	(a) Category (See Categories listed at the top of this sch	redule) (b) Description	
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.
OF	Printing	Check if Austin	n, TX, officeholder living expense
EXPENDITURE			
			•
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	H Ed Scruggs	City Council Dis	trict 8
Date	Payee name		
10-24-2014	Worley Printing		
Amount (\$)	Payee address; City; State; Zip	Code	
1942.31	3217 North IH 35 Austin, TX 78722		
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.
OF		Check if Austin	, TX, afficeholder living expense
EXPENDITURE	Postage		
·			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Ed Scruggs	Oite O a con all Disa	<b></b>
· · ·		City Council Distr	101 8
Date	Payee name		
]			
10-24-2014	Worley Printing		
Amount (\$)	Payee address; City; State; Zip	Code	
2253.49	3217 North IH 35 Austin, TX 78722		
	Category (See Categories listed at the top of this sch	edule) Description	
,		Check if travel ou	itside of Texas, Complete Schedule T.
PURPOSE OF		Check If Austin	, TX, officeholder living expense
EXPENDITURE	Printing		•
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH		City Council Distr	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED AT LONGE

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B	lv.	Gift/Awards/Memorials Expense	Polling Expens Printing Exper		Travel In District Travel Out Of Dis	trict
Candidate/Officeholder/Politica		Legal Services		es/Contract Labor		egory not listed above)
Credit Card Payment		The Instruction Gulde explai	ns how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Eth	nics Commission Filers)
. 1919: 54844					` `	,
4 Date	5 Payee na	tes for Equity	<del> </del>		1	
10/24/2014		y Printing				
6 Amount (\$)	7 Payee ac	<del>-</del>	Zin Cade			
6 Amount (4)	/ rayee at	idress, Ony, State, a	ZIP Odde			
1942.31		· ·				
1342.31	3217 No	orth IH 35 Austin, TX 78722				
8	(a) Category	(See Categories listed at the top of this	schedule) (I	o) Description		
PURPOSE				Check if travel or	utside of Texas. Complet	e Schedule T.
OF		Postage		Check if Austin	n, TX, officeholder livi	ng expense
EXPENDITURE						
9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	-l Kat	hie Tovo		City Council Dis	trict 9	City Corneil
			-			04-1000
Date	Рауее па	,me				Al long-
10-24-2014	Worle	ey Printing				
Amount (\$)	Payee ac	ddress; City; State; 2	Zip Code	•		
45 40 70	2217	NI - 45  U 35 Austin TV 79733				
1548,79	3217	North IH 35 Austin, TX 78722				
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE				Check if travel ou	tside of Texas. Complete	Schedule T.
OF		•		Check if Austin	ı, TX, officeholder livir	ng expense
EXPENDITURE		Printing				
					•	
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	4	Jimmy Flannigan		City Council Diote	dat 6	
	<u></u>			City Council Distr		·
Date	Payee na	ame				
10-24-2014	Wo	rley Printing				
Amount (\$)	Payee ac	ddress; City; State;	Zip Code			
1942.32	321	7 North 1H 35 Austin, TX 78722	2			
						•
,	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE					itside of Texas. Complete	
OF			İ	Check if Austin	i, TX, officeholder livir	ng expense
EXPENDITURE:	Pos	tage				
<u>-</u>				·		
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	ł	Jimmy Flannigan		City Council Distri	ict 6	
	ATT#	ACH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NO	<b>LEDED</b>	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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 Legal Services Candidate/Officeholder/Political Committee Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austinites for Equity 4 Date 5 Payee name 10/28/2014 Austin Chronicle 6 Amount (\$) 7 Payee address; City; State; Zip Code 2114.00 PO Box 49066 Austin, TX 78765 (a) Gategory (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ☐ Check if Austin, TX, officeholder living expense Endorsement Ad EXPENDITURE Office held Candidate / Officeholder name 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Mike Martinez Mayor Payee name Date 10-29-2014 Austin American Stateman Amount (\$) City; State; Zip Code Pavee address: 3470.00 PO Box 670 Austin, TX 78767 Category (See Categories listed at the top of this schedule) Description \_\_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Endorsement Ad Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Mike Martinez Mayor Payee name Date 10-28-2014 Austin Chronicle Amount (\$) Payee address; City; State; Zip Code 925,00 PO Box 49066 Austin, TX 78765 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Endorsement Ad Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH City Council District 1 Ora Houston ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filter ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Austinites for Equity 4 Date 5 Payee name Austin Chronicle 10/28/2014 6 Amount (\$) 7 Payee address; City; State; Zip Code 925.00 PO Box 49066 Austin, TX 78765 (b) Description (a) Gategory (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Endorsement Ad Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Kathie Tovo City Council District 9 Payee name Date 10-29-2014 Austin Chronicle Amount (\$) City; State; Zip Code Pavee address: 925.00 PO Box 49066 Austin, TX 78765 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Endarsement Ad Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Delia Garza City Council District 2 Pavee name Date 10-28-2014 Austin Chronicle Amount (\$) Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765 925.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Endorsement Ad Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH City Council District 3 Sabino Renteria ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense 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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austinites for Equity 4 Date 5 Payee name 10/28/2014 Austin Chronicle 6 Amount (\$) 7 Payee address; City; State; Zip Code 925.00 PO Box 49066 Austin, TX 78765 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Endorsement Ad **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Ann Kitchen City Council District 5 Payee name Date 10-28-2014 Austin Chronicle Amount (\$) Payee address; City; State; Zip Code 925,00 PO Box 49066 Austin, TX 78765 Gategory (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Endorsement Ad Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Greg Casar City Council District 4 Pavee name Date 10-29-2014 Kelly Sullivan Amount (\$) Payee address; City; State; Zip Code 55.00 5321 Valburn Circle Austin, TX 78731 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Phone bank Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH City Council District 4 Greg Casar

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense	Food/Beverage Expense P	nice Overnead/Hental Expense olling Expense	Transportation Equipment & Helated Expense Travel In District		
Contributions/Donations Made E Candidate/Officeholder/Politica		rinting Expense alaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	-	_	Other (enter a category normated above)		
	The Instruction Guide explains h	ow to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
_	Austinites for Equity				
4 Date	5 Payee name				
10/29/2014	Kelly Sullivan		•		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code			
55.00	5321 Valburn Circle Austin, TX 78731				
	5321 Validom Circle Adstin, 1X 76731	· ·	· · · · · · · · · · · · · · · · · · ·		
8	(a) Category (See Categories listed at the top of this sched	L			
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.		
OF EVDENDITURE	Phone Bank	Check if Austi	n, TX, officeholder living expense		
EXPENDITURE					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OI	l Jimmy Flannigan	City Council Dis	trict 6		
		· · · · · · · · · · · · · · · · · · ·			
Date	Payee name				
10-29-2014	lan Croon		•		
10-25-20 (4	Jon Green				
Amount (\$)	Payee address; City; State; Zip C	Code			
56.00	614 S 1st #205 Austin, TX 78704		•		
	Category (See Categories listed at the top of this sched		anish at Turner Countries Cabout ha T		
PURPOSE	•	<del>                                </del>	itside of Texas, Complete Schedule T.		
OF EXPENDITURE	Block Walk	Check if Austin	, TX, officeholder living expense		
	DIOCK TYTIK				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	Ed Scruggs	City Council Dist	rict 8		
			<del></del>		
Date	Payee name		·		
10 79 7044	Austin Chronicle				
10-28-2014	Austin Chronicle				
Amount (\$)	Payee address; City; State; Zip C	Code			
925.00	PO Box 49066 Austin TX 78765				
	Catagony (See Catagories listed at the tax of this selection	duta) Dii			
-	Category (See Categories listed at the top of this sched		taida at Tauca Campleto Sabettila T		
PURPOSE		.	itside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense		
EAPERDITURE	Endorsement Ad				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	Ed Scruggs	City Council Distr	ict 8		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED		

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Print	ring Expense Travel Out Of District Travel Out Of District Travel Out Of District Other (enter a category not listed above)
A		· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4.5	Austinites for Equity	<u> </u>
4 Date	5 Payee name	·
10/28/2014	Austin Chronicle	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
925.00	PO Box 49066 Austin, TX 78765	
8	(a) Category (See Categories listed at the top of this schedule	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Endorsement Ad	Check if Austin, TX, officeholder living expense
EXI ENDITORIE		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	Jimmy Flannigan	City Council District 6
Date	Payee name	
Date	. ayou name	
10-28-2014	Austin Chronicle	
Amount (\$)	Payee address; City; State; Zip Cod	de
		, in the second
925.00	PO Box 49066 Austin, TX 78765	
	Category (See Categories listed at the top of this schedule	e) Description
BUSSOSE		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Endorsement Ad	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		· · · · · · · · · · · · · · · · · · ·
		City Council District 7
Date	Payee name	
,		
10-28-2014	Austin Chronicle	
Amount (\$)	Payee address; City; State; Zip Coo	de
		•
925.00	PO Box 49066 Austin TX 78765	
	Category (See Categories listed at the top of this schedule	e) Description
	go. , too salego. Sa noted at the top of this solitonic	Check if travel outside of Texas. Complete Schedule T.
PURPOSE		Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Endorsement Ad	Concern reason, 174 unicendides maily expense
	Endorsement Ad	
Constant Children	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		City Council District 10
	Mandy Dealy	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense 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 Ft: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austinites for Equity 4 Date 5 Payee name 10/30/2014 6 Amount (\$) 7 Payee address; City; State; Zip Code 1229.02 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Postage **EXPENDITURE** Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Laura Pressley City Council District Payee name Date 11-14-2014 Worley Printing City; State; Zip Code Amount (\$) Payee address; 1544,73 3217 N IH 35 Austin, TX 78722 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Printing Mailer Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Laura Pressley City Council District Date Payee name 11-21-2014 Clean Water Action Amount (\$) Payee address; City; State; Zip Code 2000.00 600 W 28th St #202 Austin TX 78705 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Joint Ad Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH City Council District 8 & 6 Ed Scruggs/Jimmy Flannigan ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	Austinites for Equity 5 Payee name	<del></del> -				
11/21/2014	Clean Water Action					
6 Amount (\$)	7 Payee address; City; State; Zit	o Gode	· · · · · · · · · · · · · · · · · · ·			
2000.00	600 w 28th St Austin TX 78705					
8 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					
9 Complete ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct					
Date	Payee name					
11-24-2014	Austin Chronicle					
Amount (\$)	Payee address; City; State; Zip	o Code				
1172,00	PO Bax 49066 Austin, TX 78765					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Check if travel o	outside of Texas. Complete Schedule T. n, TX, officeholder living expense 			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH	Mike Martinez	Mayor	City Council			
Date 11-24-2014	Payee name Lisa Kin	ikpatrick				
Amount (\$)	Payee address; City; State; Zip	Code				
200.00						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so  Art/Design Chronicle Ad	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mike Martinez	Office sought Mayor	Office held City Council			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense		Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made B	y Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	•	Salaries/Wages/Contract Labor .	Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Austinites for Equity		<u> </u>
4 Date	5 Payee name		
12-02-2014	Austin Chronicle		
6 Amount (\$) 2114.00	7 Payee address; City; State; Zip 4000 N IH 35 Austin, TX 78751	Code	
		1	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sch  Labor Rally Martinez	Check if travel of	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Mike Martinez	Mayor	City Council
Date	Payee name		
12-02-2014	Kelly Graphics		
Amount (\$)	Payee address; City; State; Zip	Code	
4915.28	1409 Quaker Ridge Austin TX 78746		
	Category (See Categories listed at the top of this sch	l (	
PURPOSE		Check if travel or	itside of Texas. Complete Schedule T.
OF EXPENDITURE	<b>-</b>	Check if Austin	, TX, officeholder living expense
EXPENDITURE	Printing & Postage		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Ellen Troxclair	City Council Dist	rict 8
Date	Payee name		
	•		
12-02-2014	Kelly Graphics		
Amount (\$)	Payee address; City; State; Zip	Code	
4470.72	1409 Quaker Ridge Austin, TX 7874	6	
	Category (See Categories listed at the top of this sch		
PURPOSE			itside of Texas. Complete Schedule T.
OF		Check if Austin	, TX, officeholder living expense
EXPENDITURE	Printing & Postage		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Don Zimmerman	City Council Distr	ict 6
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relate

Consulting Expense Contributions/Donations Made B		Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp				
Candidate/Officeholder/Politica				ages/Contract Labor		egory not listed above)
Credit Card Payment		The Instruction Guide explai	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Eth	ics Commission Filers)
	Austinit	es for Equity		-		
4 Date	5 Payee na					
12-04-2014	Work	er Defense Action Fund				
6 Amount (\$)	7 Payee ad	Idress; City; State;	Zip Code	<del></del>		
1250.00	5604 M	anor Road Austin, TX 78723				
8	(a) Category	(See Calegories listed at the top of this	schedule)	(b) Description		
PURPOSE	Canv	assing		Check if travel o	outside of Texas. Complete	e Schedule T.
OF EXPENDITURE		or Mike Martinez		Check if Austi	in, TX, officeholder livi	ng expense
EXI ENDITORE						
9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	H Mil	ke Martinez		Mayor		City Couril
Doto	Payee na	ime				
Date	Laycone					
12-04-2014	Work	ers Defense Action Fund				
Amount (\$)	Payee ad	ddress; City; State;	Zip Code			
1250.00	5604	Manor Road Austin, TX 78723	3			
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE	Car	nurassing		Check if travel or	utside of Texas. Complete	Schedule T.
OF	for Sabino Renteria			Check if Austin	ı, TX, officeholder livir	ig expense
EXPENDITURE		ioi Sabilio Reiliella				
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	I	Sabino Renteria	* *	City Council Dist	rict 3	
Date	Payee na	3111 <b>6</b>				
12-08-2014	Ke	lly Graphics			-	
			Zip Coda	· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee ad	ouress, City, State; .	Zip Code			
3528.72	14	09 Quaker Ridge Austin, TX 78	3746			
	Category	/ (See Categories listed at the top of this	schedule)	Description		· · · · · · · · · · · · · · · · · · ·
	6)			l ,	utside of Texas. Complete	Schedule T.
PURPOSE		•			n, TX, officeholder livir	
OF EXPENDITURE	Prin	ting & Postage				• .
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	I	Don Zimmerman	٠	City Council Dist	rict 6	
· · · · · · · · · · · · · · · · · · ·						
ì	ATTA	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS N	EEDED	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule Ft: 2 FILER NAME Austinites for Equity 4 Date 5 Payee name Clean Water Action 12-04-2014 6 Amount (\$) 7 Payee address; City; State; Zip Code 1000.00 600 West 28th St Austin, TX 78705 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Social Media **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Mike Martinez CC A4 lary Mayor Payee name Date 12-09-2014 Austin Chronicle City; State; Zip Code Amount (\$) Pavee address: 9514.00 PO Box 49066 Austin, TX 78765 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, afficeholder living expense 10-1 Candidate Run Off Ad **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 10-1 Candidates Run Off Mayor and City Council Payee name Date 12-12-2014 AFSCME Polling Center Amount (\$) City; State; Zip Code Payee address; 1625 L Street NW Washington, DC 20036 2262.80 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Phone Banking Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Mayor Mike Martinez ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Austinites for Equity 4 Date 5 Payee name AFSCME Polling Center 12-12-2014 6 Amount (\$) 7 Payee address; City; State; Zip Code 232.74 1625 L Street NW Washington DC 200326 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Phone Banking **EXPENDITURE** Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Ora Houston City Council District 1 Payee name Date 12-17-2014 Austin Chronicle City; State; Zip Code Amount (\$) Pavee address; PO Box 49066 Austin, TX 78765 1366.40 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE 10-1 Candidate Congrats Ad Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 10-1 Candidates Mayor and City Council Payee name Date 12-12-2014 AFSCME Polling Center Amount (\$) Payee address; City; State; Zip Code 1625 L Street NW Washington, DC 20036 148.79 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Phone Banking Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH City Council District 3 Sabino Renteria ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Advertising Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Austinites for Equity 4 Date 5 Pavee name 12-12-2014 AFSCME Polling Center 6 Amount (\$) 7 Payee address; City; State; Zip Code 124.96 1625 L Street NW Washington DC 200326 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Phone Banking **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Greg Casar City Council District 4 Payee name Date 12-12-2014 AFSMCE Polling Center Amount (\$) Payee address; City; State; Zip Code 1625 L St NW Washington, DC 20036 197.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Phone Banking Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Jimmy Flannigan City Council District 6 Payee name Date 12-12-2014 AFSCME Polling Center Amount (\$) Payee address; City; State; Zip Code 1625 L Street NW Washington, DC 20036 289,61 Category (See Categories listed at the top of this schedule) Description ... Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Phone Banking Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH City Council District 7 Leslie Pool ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District 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 exp	plains how to complete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
4 Date	Austinites for Equity 5 Payee name			
12-12-2014	AFSCME Polling Center			
6 Amount (\$)	7 Payee address; City; State:	; Zip Code		
631.04	1625 L Street NW Washington DC	200326		
8	(a) Category (See Categories listed at the top of	·   ' · ·		
PURPOSE			el outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Phone Banking	Check if Au	stin, TX, afficeholder living expense	
9 Complete QNLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	H Ed Scruggs	City Council D	City Council District 8	
Date	Payee name			
12-12-2014	AFSMCE Polling Center			
Amount (\$)	Payee address; City; State;	Zip Code		
713.05	1625 L St NW Washington, DC 2	00036		
	Category (See Categories listed at the top of			
PURPOSE	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Phone Banking	Check if Aus	stin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	Mandy Dealey	City Council E	District: 10	
Date	Рауее пате			
Amount (\$)	Payee address; City; State;	Zip Code		
·	·			
	Category (See Categories listed at the top of	this schedule) Documention	<del></del>	
	Category (see Categories listed at the top of	.	outside of Texas. Complete Schedule T.	
PURPOSE	Check if Austin, TX, officeholder living expense			
OF EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	NEEDED	