

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 6
3 COMMITTEE NAME UNITY PAC			<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged 2016 NOV 4 PM 1:35 RECEIVED AUSTIN CITY CLERK
4 COMMITTEE ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 604 WEST 11TH STREET AUSTIN, TX 78701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Ted NICKNAME LAST SUFFIX SIPP		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 604 West 11th Street Austin TX 78701		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> change of address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 604 West 11th Street Austin, TX 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 657-5414		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 6th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 1 / 1 / 2016 THROUGH 6 / 30 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 2016 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
GO TO PAGE 2			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

## 12 COMMITTEE NAME

UNITY PAC

ACCOUNT # (Ethics Commission Filers)

## 13 COMMITTEE PURPOSE

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

☐ CANDIDATE☐ OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☒ SUPPORT  
(Candidate or Measure)☐ OPPOSE  
(Candidate or Measure)☐ ASSIST  
(Officeholder)☒ MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

PROPOSITION #1

11 / 8 / 2016

DESCRIPTION

\*720 MILLION TRANSPORTATION BOND

## 14 CONTRIBUTION TOTALS

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

\$ - 0 -

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

\$ 16,250.

## EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 16,610.51

## CONTRIBUTION BALANCE

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

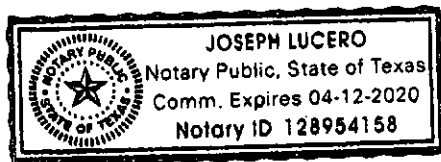
\$ 9,917.98

## OUTSTANDING LOAN TOTALS

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

\$ - 0 -

## 15 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ted Siff, this the 4 day of November, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

UNITY PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/9/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

HILL COUNTRY CONSERVANCY

6 Contributor address; City; State; Zip Code

P O Box 163125, Austin, TX 78716

7 Amount of contribution (\$)

\$5,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/4/16

Full name of contributor

☐ out-of-state PAC (ID#)

Austin Metro Transit Greenways

Contributor address; City; State; Zip Code

5423 Shoalwood, Austin, TX 78756

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/16

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID FOSTER

Contributor address; City; State; Zip Code

1902 Forestglade, Austin, TX 78745

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/16

Full name of contributor

☐ out-of-state PAC (ID#)

AURA

Contributor address; City; State; Zip Code

505 Walsh St BS, Austin, TX 78703

Amount of contribution (\$)

\$1,250.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/16

Full name of contributor

☐ out-of-state PAC (ID#)

SHOAL CREEK CONSERVANCY

Contributor address; City; State; Zip Code

701 W. 7th St., Austin, TX 78701

Amount of contribution (\$)

\$4000.-

In-kind contribution description (if applicable)

(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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 3

2 FILER NAME

UNITY PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/19/2016

5 Full name of contributor

☐ out-of-state PAC (ID#)

BIKE AUSTIN PAC

6 Contributor address; City; State; Zip Code

1000 BRAZOS ST., AUSTIN, TX 78701

7 Amount of contribution (\$)

\$1,000.-

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/9/2016

Full name of contributor

☐ out-of-state PAC (ID#)

BIKE TEXAS

Contributor address; City; State; Zip Code

3301 E. 5TH ST., AUSTIN, TX 78702

Amount of contribution (\$)

\$1,000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/9/2016

Full name of contributor

☐ out-of-state PAC (ID#)

THE TRAIL FOUNDATION

Contributor address; City; State; Zip Code

PO Box 5195, AUSTIN, TX 78763

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/2016

Full name of contributor

☐ out-of-state PAC (ID#)

BLACK + VERNDOY, AIA

Contributor address; City; State; Zip Code

208 W. 4TH ST. #3A, AUSTIN, TX 78701

Amount of contribution (\$)

\$500.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/2016

Full name of contributor

☐ out-of-state PAC (ID#)

WALLER CR CONSERVANCY

Contributor address; City; State; Zip Code

PO Box 12363, AUSTIN, TX 78711

Amount of contribution (\$)

\$2,000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 3

2 FILER NAME

UNITY PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

Austin Community Coalition

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/29/2016

6 Contributor address; City; State; Zip Code

1300 W. OLTORF, STE 6, AUSTIN, TX 78704

1,500.-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 1		2 FILER NAME UNITY PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/14/2016		5 Payee name OPINION ANALYSIS, INC			
6 Amount (\$) 13,000.00		7 Payee address; City; State; Zip Code 906 RIO GRANDE ST., AUSTIN, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) POLLING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) POLL BY TELEPHONE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/27/2016		Payee name LITTLEFIELD CONSULTING			
Amount (\$) 2,500.-		Payee address; City; State; Zip Code PO Box 90591, AUSTIN, TX 78709			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POLLING EXPENSE		Description (If travel outside of Texas, complete Schedule T) IVR POLL	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/24/2016		Payee name FED-EX			
Amount (\$) 98.51		Payee address; City; State; Zip Code 9222 BARNET ROAD, AUSTIN, TX 78758			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PRINTING POLL REPORTS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/5/2015		Payee name WELLS FARGO			
Amount (\$) 1,012.00		Payee address; City; State; Zip Code 15th + San Antonio, AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting / Banking		Description (If travel outside of Texas, complete Schedule T) Returned deposit + fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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