

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: 4 |
| 3 COMMITTEE NAME Sensible Transportation Solutions for Austin | | | OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Post Office Box 146, Austin, TX 78767 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Michael R. Levy NICKNAME LAST SUFFIX | | |
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 515 Congress, Suite 2375, 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 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 450-5100 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 11 / 04 / 2016 THROUGH 12 / 31 / 2016 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 8 / 2016 | | |

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

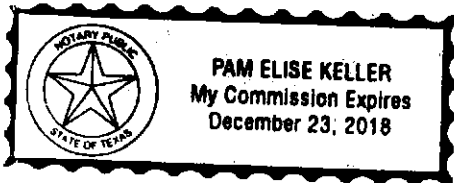
FORM SPAC COVER SHEET PG 2

| | | | |
|--|---|---|--|
| 12 COMMITTEE NAME Sensible Transportation Solutions for Austin | | ACCOUNT # (Ethics Commission Filers) | |
| 13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER | CANDIDATE / OFFICEHOLDER NAME | |
| | | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | |
| | <input checked="" type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # Proposition 1 | |
| | | ELECTION DATE Month Day Year 11 / 8 / 2016 | |
| DESCRIPTION 2016 City of Austin Mobility Bond Package | | | |

| | | |
|--------------------------------|---|--------------|
| 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) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 29,453.12 |

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 Michael R. Levy, this the 10th day of January, 20 17, to certify which, witness my hand and seal of office.

Pam Elise Keller
Signature of officer administering oath

Pam Elise Keller
Printed name of officer administering oath

Notary Public
Title of officer administering oath

LOANS**SCHEDULE E**

| | | | |
|--|---|---|---------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 1 | |
| 2 FILER NAME Sensible Transportation Solutions for Austin | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ | | \$ | |
| 5 Date of loan 11/5/16 | 7 Name of lender Michael R. Levy <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) \$27.06 | |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code Post Office Box 146, Austin, TX 78767 | 10 Interest rate | |
| | | 11 Maturity date | |
| 12 Principal occupation / Job title (See Instructions) retired | | 13 Employer (See Instructions) retired | |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | | |
| 15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 16 Name of guarantor 17 Guarantor address; City; State; Zip Code Post Office Box 146, Austin, TX 78767 | | 18 Amount Guaranteed (\$) |
| 19 Principal Occupation (See Instructions) retired | | 20 Employer (See Instructions) retired | |
| Date of loan 11/14/2016 | Name of lender Michael R. Levy <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) \$422.50 | |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code Post Office Box 146, Austin, TX 78767 | Interest rate | |
| | | Maturity date | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired | |
| Description of Collateral <input checked="" type="checkbox"/> none | | | |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME

Sensible Transportation Solutions for Austin

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/8/16

5 Name of person from whom amount is received

Macho Marketing

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

3412 Bonnie Road, Austin, TX 78703

8 Amount
(\$)

\$6235.00

7 Purpose for which amount is received

in-kind refund

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED