

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Greg	MI
	NICKNAME	LAST Casar	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE		Date Received
	PO Box 2391 Austin, TX 78768		Date Hand-delivered or Date Postmarked
			Receipt #
			Date Processed
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Carlton	MI L.
	NICKNAME	LAST Lee	SUFFIX Cooke
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8121 Bee Cave Rd., Ste. 100 Austin, TX 78735		
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 917-8008	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 07/01/2016	THROUGH	Month Day Year 12/31/2016
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Austin City Council District 4	12 OFFICE SOUGHT (if known) Austin City Council District 4	

OFFICE USE ONLY  
 RECEIVED  
 JAN 17 11 32 AM  
 AUSTIN CITY CLERK

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

2 of 6

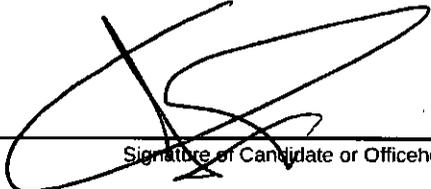
<b>13 C / OH NAME</b> Casar, Greg	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,050.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,510.62
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 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 Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Greg Casar, this the 17<sup>th</sup> day of January, 2017, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Printed name of officer administering  
Susan Harry

  
 \_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Casar, Greg	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,050.00
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 E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,250.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
<b>2</b> FILER NAME Casar, Greg		<b>3</b> Filer ID
<b>4</b> Date 10/28/2016	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Travis County EMS Employee PAC	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code 5817 Wilcab Rd. Ste. 3 Austin, TX 78721	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

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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: Sch: 1/1 Rpt: 5/6	<b>2</b> FILER NAME Casar, Greg	<b>3</b> Filer ID
<b>4</b> Date 12/28/2016	<b>5</b> Payee name Herring & Panzer LLP	
<b>6</b> Amount (\$) 2,750.00	<b>7</b> Payee Address; City; State; Zip 1411 West Avenue, Suite 100  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Legal Services	<b>(b)</b> Description (See instructions regarding type of information required.) Legal fees
Date 12/28/2016	Payee name Kuhn Hobbs PLLC	
Amount (\$) 2,750.00	Payee Address; City; State; Zip 3307 Northland Dr Suite 310  Austin, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Legal Services	<b>(b)</b> Description (See instructions regarding type of information required.) Legal fees
Date 12/28/2016	Payee name McGinnis Lochridge	
Amount (\$) 2,750.00	Payee Address; City; State; Zip 600 Congress Ave #2100  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Legal Services	<b>(b)</b> Description (See instructions regarding type of information required.) Legal fees

# TEXT ANNOTATION

Sch: 1/1 Rpt: 6/6

FILER NAME  
Casar, Greg

Filer ID

Schedule  
Cover Sheet

Information entered by filer as a memo:

All contributions and expenditures on this report are for the Greg Casar Special Officeholder Account created pursuant to Article III, Section 8(H) of the Austin City Charter.