FORM SPAC SPECIFIC-PURPOSE COMMITTEE **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 23 3 COMMITTEE NAME OFFICE USE ONLY Our City Our Safety Our Choice PAC Date Received ZIP CODE 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; **ADDRESS** PO Box 6193 Date Hand-delivered or Date Postmari \neg Change of Address Austin, TX 78762 Receipt# Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST **TREASURER** NAME Joseph NICKNAME LAST SUFFIX Pinnelli CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY: STATE: **TREASURER** STREET 1507 W. 6th **ADDRESS** Austin, TX 78703 (Residence or Business) STREET OR PO BOX: CAMPAIGN APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER MAILING ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN **TREASURER PHONE** REPORT X January 15 30th day before election Exceeded \$500 Limit **TYPE** 8th day before election Dissolution (Attach PAC-DR) July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Day Month Day Year Month Year **COVERED THROUGH** 07/01/2016 12/31/2016 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff General Special

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **COVER SHEET PG 2 PURPOSE AND TOTALS** 13 Filer ID 12 COMMITTEE NAME Our City Our Safety Our Choice PAC CANDIDATE / OFFICEHOLDER NAME 14 COMMITTEE **PURPOSE** (Attach lists on plain Candidate paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Officeholder SUPPORT **ELECTION DATE** BALLOT IDENTIFICATION / # (Candidate or Measure) Month Day Year **OPPOSE** 05/07/2016 (Candidate or Measure) X Measure **ASSIST** DESCRIPTION (Officeholder) Regarding repeal of City of Austin's safety requirements on TNC 15 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, **TOTALS** LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ \$20.00 2. TOTAL POLITICAL CONTRIBUTIONS \$ \$9,460.74 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **TOTALS** \$0.00 4. TOTAL POLITICAL EXPENDITURES \$ \$5,574.60 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD BALANCE \$5.099.09 **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST LOAN TOTALS DAY OF THE REPORTING PERIOD \$18,000.00 16 AFFIDAVIT I swear, or affirm, under paralty of perjuty, that the accompanying report is true and correct and includes all information required to be reported by me under KATY LINDQUIST Notary Public. State of Texas Title 15, Election Code.

Comm. Expires 01-31-2020 Notary ID 126394187 Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Joseph F. Pinnelli Sworn to and subscribed before me, by the said _ , this the day , to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath www.ethics.state.tx.us

FORM SPAC **SUBTOTALS - SPAC COVER SHEET PG 3** 18 Filer ID 17 COMMITTEE NAME Our City Our Safety Our Choice PAC 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 8.460.74 \$ \mathbf{X} SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR 1,000.00 X\$ 4. ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 5. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE E: LOANS \$ \mathbf{x} SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 5,574.60 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 12. 13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 14. \$ **TO FILER**

| N | ONET | ARY POLITICAL CONTRIBUT | ΓIONS | | SCHEDUL | E A1 |
|------------|---|--|--|----------------|----------------------------------|---------|
| Tł | he Instru | ction Guide explains how to complete th | is form. | 1 | ges Schedule A1: 12 Rpt: 4/23 | |
| | LER NAME | Coffee Com Chaire BAC | | 3 Filer ID | | |
| | · · · · · · | Safety Our Choice PAC | | <u> </u> | | |
| 4 Da 08 | ate 3/08/2016 | 5 Full name of contributor out-of-state PAC (I Bailey, Linda | ID#:) | 7 Amount | of Contribution (\$) | \$50.00 |
| | | 6 Contributor address; City; State; Zip Code 4104 Turkey Creek Dr | | | | |
| | | Austin, TX 78730-3355 | | | | |
| 8 Pr | incipal occu | pation / Job title (See Instructions) | 9 Employer (See Instruction | ns) | | |
| | | | | 1 1 | of Contain viole (th) | |
| | ate 1/01/2016 | Full name of contributor out-of-state PAC (| ID#:) | Amount | of Contribution (\$) | \$20.00 |
| Uð | 3/01/2016 | | *************************************** | | | Φ20.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 3209 W William Cannon Dr | | | | |
| | | Apt B Austin, TX 78745-5030 | | | | |
| Pr | incipal occu | pation / Job title (See Instructions) | Employer (See Instruction | ns) | | |
| | ,,, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | , | | |
| Da | ate | Full name of contributor out-of-state PAC (I | ID#:) | Amount | of Contribution (\$) | |
| 08 | 3/10/2016 | Bessent, Nancy | | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | *************************************** | | | |
| | | 2007 Palo Duro Rd | | | | |
| | | Austin, TX 78757-3242 | | | | |
| Pri | incinal occu | pation / Job title (See Instructions) | Employer (See Instruction | | | |
| | moipar occ | pation / god file (coe mod dollone) | Employer (See mondado) | | | |
| Da | ate | Full name of contributor ut-of-state PAC (I | ID#:) | Amount | of Contribution (\$) | |
| 08 | 3/01/2016 | Blackburn, Kathy | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code | 141421100201011400114004441141011001140014401140114011401140114011 | ••• | | |
| | | 8607 Delaware Ct | | | | |
| | | Austin, TX 78758-7422 | | | | |
| Pri | incipal occu | pation / Job title (See Instructions) | Employer (See Instruction | ns) | | |
| | | | | | | |
| Da | | Full name of contributor ut-of-state PAC (I | ID#:) | Amount | of Contribution (\$) | 450.00 |
| 08 | 3/12/2016 | Bottoms, Shirley | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 3903 Ridgelea Dr | | | | |
| | | Austin, TX 78731 | | | | |
| Pri | incipal occu | pation / Job title (See Instructions) | Employer (See Instruction | ns) | | |
| | | | <u> </u> | | | ····· |
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| | MONET | ARY POLITICAL CONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|--------------------|---|---|---|---|-------------|
| | The Instru | ction Guide explains how to complete this for | m. | 1 | Total pages Schedule A1: Sch: 2/12 Rpt: 5/23 | |
| 2 | FILER NAME | | | 3 | Filer ID | |
| _ | Our City Ou | r Safety Our Choice PAC | | | | |
| 4 | Date 08/12/2016 | 5 Full name of contributor out-of-state PAC (ID#: Bunch, William |) | 7 | Amount of Contribution (\$) | \$100.00 |
| | | 6 Contributor address; City; State; Zip Code 1307 Oxford Ave | | | | |
| | | Austin, TX 78704 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| _ | | | | | Assessment of Contribution (C) | |
| | Date 09/18/2016 | Full name of contributor out-of-state PAC (ID#: Cesar, Greg | | | Amount of Contribution (\$) | \$700.00 |
| | 09/10/2010 | 4-4 | | | | Ψ100.00 |
| | | Contributor address; City; State; Zip Code PO Box 2391 | | | | |
| | | Austin, TX 78766 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| _ | Date | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 08/09/2016 | Cofer, George | | | | \$20.00 |
| | | Contributor address; City; State; Zip Code 3306 Gentry Dr | *************************************** | | | |
| | | Rollingwood, TX 78746-5507 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | · · · · · · · · · · · · · · · · · · · | |
| _ | Date | Full name of contributor |) | _ | Amount of Contribution (\$) | |
| | 08/12/2016 | Cole, Sheryl | | | . , | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 4101 Wildwood | | | | |
| | | Austin, TX 78722 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| - | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 08/12/2016 | Cowden, James | | | | \$150.00 |
| | | Contributor address; City; State; Zip Code 1604 Leigh | | | | |
| | | Austin, TX 78703 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/12 Rpt: 6/23 3 Filer ID 2 FILER NAME Our City Our Safety Our Choice PAC 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 08/10/2016 Craig, Ken \$250.00 6 Contributor address; City; State; Zip Code 7100 Whispering Oaks Dr Austin, TX 78745-5275 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (10#: Amount of Contribution (\$) 08/12/2016 \$100.00 Crow, Dan Contributor address; City; State; Zip Code 2803 Down Cove Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/12/2016 \$100.00 Curry, Michael Contributor address; City; State; Zip Code 700 Lavaca Street Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/12/2016 \$50.00 Elfant, Bruce Contributor address; City; State; Zip Code 4522 Ave F Austin, TX 78751 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/12/2016 \$250.00 Ellinger, Hunter Contributor address; City; State; Zip Code 1622 Waterson Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | MONET | `A | RY POLITICAL CONTRIBUTIONS | | SCHEDUL | E A1 | |
|---|---|------|---|--------------|---|----------|--|
| | The Instru | cti | on Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 4/12 Rpt: 7/23 | | |
| 2 | FILER NAME Our City Ou | | afety Our Choice PAC | 3 | Filer ID | | |
| 4 | Date 08/12/2016 | 5 | Full name of contributor out-of-state PAC (ID#:) Faris, Mary Contributor address; City; State; Zip Code | 7 | Amount of Contribution (\$) | \$150.00 | |
| | | | 2400 Elm Glen Austin, TX 78704 | | | | |
| 8 | Principal occu | ıpat | ion / Job title (See Instructions) 9 Employer (See Instructions) | 5) | | | |
| | Date 08/11/2016 | | Full name of contributor out-of-state PAC (ID#:) Foster, David Contributor address; City; State; Zip Code 1902 Forestglade Dr Austin, TX 78745-1725 | | Amount of Contribution (\$) | \$75.00 | |
| | Principal occu | ıpat | ion / Job title (See Instructions) Employer (See Instructions | 5) | | | |
| | Date 08/12/2016 | | Full name of contributor out-of-state PAC (ID#:) Fraser, Russell Contributor address; City; State; Zip Code 507 Lockhart Drive | | Amount of Contribution (\$) | \$100.00 | |
| | | L | Austin, TX 78704 | | | | |
| | Principal occu | ıpai | ion / Job title (See Instructions) Employer (See Instructions | 5) | | | |
| | Date 08/10/2016 | | Full name of contributor out-of-state PAC (ID#:) Gasper, Pete Contributor address; City; State; Zip Code 906 W 30th St | | Amount of Contribution (\$) | \$20.00 | |
| | Principal occu | pat | Austin, TX 78705-2104 ion / Job title (See Instructions) Employer (See Instructions) | <u> </u> | | | |
| | Date | Γ | Full name of contributor | Τ | Amount of Contribution (\$) | | |
| | 08/03/2016 Gavenda, Beverly Contributor address; City; State; Zip Code 1010 Little Elm Park | | | | \$10. | | |
| | | | Austin, TX 78758-6713 | | | | |
| | Principal occu | pat | ion / Job title (See Instructions) Employer (See Instructions | s) | | | |
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| The Instruc | tion Guide explains how to co | mplete this form. | 1 | Total pages Schedule A1: Sch: 5/12 Rpt: 8/23 | |
|---------------------------|---|---|---------------|---|----------|
| FILER NAME | | | 3 | Filer ID | |
| Our City Our | Safety Our Choice PAC | | | | |
| Date 08/12/2016 | Gemeda, Merga | of-state PAC (ID#: |) 7 | Amount of Contribution (\$) | \$50.0 |
| | 6 Contributor address; City; State; Zip 6812 Lucy | Code | | | |
| | Austin, TX 78724 | | | | |
| Principal occup | oation / Job title (See Instructions) | 9 Employer (See | Instructions) | | |
| Date | Full name of contributor uut- | f-state PAC (ID#: | | Amount of Contribution (\$) | |
| 08/01/2016 | Greenberg, Sherri | | | | \$500.00 |
| | Contributor address; City; State; Zip | Code | | | |
| ļ | 2524 Tanglewood Trl | | } | | |
| | Austin, TX 78703-1540 | | ĺ | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See | Instructions) | | |
| Date | Full name of contributor out- | f-state PAC (ID#: | | Amount of Contribution (\$) | •• |
| 08/05/2016 Grover, Rhonda | | | | \$50.00 | |
| Ì | Contributor address; City; State; Zip | Code | | | |
| | 2607 Pinewood Ter | | | | |
| | Austin, TX 78757-2136 | | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See | Instructions) | | |
| Date | _ | f-state PAC (ID#: | | Amount of Contribution (\$) | |
| 08/10/2016 | Guha, Sumit | | | | \$50.00 |
| | Contributor address; City; State; Zip 5006 Rowena Ave | Code | | | |
| | 5000 ROWEIIA AVE | | | | |
| | Austin, TX 78751-2545 | | | | |
| Principal occup | eation / Job title (See Instructions) | Employer (See | Instructions) | | |
| Date | - | f-state PAC (ID#: | | Amount of Contribution (\$) | |
| 08/01/2016 | Harrison, Ann Marie | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | \$20.00 |
| | Contributor address; City; State; Zip | Code | | | |
| | 4200 Jackson Ave | | | | |
| | Apt 2002 Austin, TX 78731-6062 | | | | |
| Principal occup | nation / Job title (See Instructions) | Employer (See | Instructions) | | |
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| | MONET | Ά | RY POLITICAL (| CONTRIBUTIO | וכ | NS | | SCHEDUL | E A1 |
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| | The Instru | cti | on Guide explains how | to complete this f | O | rm. | 1 | Total pages Schedule A1: Sch: 6/12 Rpt: 9/23 | |
| 2 | FILER NAME | | | - · · · · · | | | 3 | Filer ID | |
| | Our City Ou | | afety Our Choice PAC | <u>. </u> | | | | | |
| 4 | Date 08/04/2016 | 5 | Full name of contributor Harrison, Ann Marie | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$20.00 |
| | | 6 Contributor address; City; State; Zip Code 4200 Jackson Ave Apt 2002 Austin, TX 78731-6062 | | | | | | | |
| 8 | Principal occu | pa | tion / Job title (See Instructions | 5) | 9 | Employer (See Instructions | 5) | | |
| | Date | Γ | Full name of contributor | out-of-state PAC (ID#: | - |) | Γ | Amount of Contribution (\$) | |
| | 08/04/2016 | | Heinen, Anne | _ | | | | • , | \$35.00 |
| | | | Contributor address; City; Si | ate; Zip Code | | | | | |
| | | | 3010 Washington Sq | | | | | | |
| | Austin, TX 78705-2218 | | | | | | | | |
| | Principal occu | pa | ion / Job title (See Instructions | 5) | | Employer (See Instructions | s) | · | |
| | Date | Ī | Full name of contributor | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | ··· |
| 08/02/2016 | | | Hintikka, Cindy | | | | | | \$25.00 |
| | Contributor address; City; State; Zip Code 9700 Rainlilly Ln | | | | | | | | |
| | | | Austin, TX 78759-7701 | | | | | | |
| | Principal occu | pai | ion / Job title (See Instructions | s) | | Employer (See Instructions | s) | | |
| _ | Date | | Full name of contributor | out-of-state PAC (ID#: | _ |) | | Amount of Contribution (\$) | |
| | 08/01/2016 | | Hohengarten, Nancy | _ | | | | | \$50.00 |
| | | | Contributor address; City; St 4114 Avenue H | ate; Zip Code | | | | | |
| | | | Austin, TX 78751-4725 | | | | | | |
| | Principal occu | pai | ion / Job title (See Instructions |) | | Employer (See Instructions | 5) | | |
| _ | Date | Γ | Full name of contributor | out-of-state PAC (ID#:_ | _ |) | Π | Amount of Contribution (\$) | |
| | 08/12/2016 | | Howard, Robert | _ | | | | | \$100.00 |
| | Contributor address; City; State; Zip Code | | | | | | | | |
| | 2315 West Forest Drive | | | | | | | | |
| Austin, TX 78704 | | | | | | | | | |
| | Principal occu | pat | ion / Job title (See Instructions | (i) | | Employer (See Instructions | 5) | | |
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| | MONET | Ά | RY POLITICAL CONTRIBUTIONS | | | SCHEDUL | E A1 |
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| | The Instru | cti | on Guide explains how to complete this form. | 1 | 1 | Total pages Schedule A1: Sch: 7/12 Rpt: 10/23 | |
| 2 | FILER NAME | | ofety Our Chaice DAC | 3 | 3 | Filer ID | |
| 4 | Date 08/13/2016 | | afety Our Choice PAC Full name of contributor out-of-state PAC (ID#: Iverson, Rick | | 7 | Amount of Contribution (\$) | \$50.00 |
| | 6 Contributor address; City; State; Zip Code 506 W 34th St | | | | | | |
| | | | Austin, TX 78705-1306 | | | | |
| 8 | Principal occu | pai | tion / Job title (See Instructions) 9 Employer (See Instru | ictions) | | | |
| | Date | Ī | Full name of contributor | <u> </u> | | Amount of Contribution (\$) | |
| | 08/10/2016 | ļ | Kempf, Jill | | | | \$35.00 |
| | | | Contributor address; City; State; Zip Code 2132 Melridge PI | | | | |
| | | | Austin, TX 78704-2055 | | | | |
| | Principal occu | pa | tion / Job title (See Instructions) Employer (See Instru | rctions) | | | |
| _ | Date | Γ | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 08/04/2016 | | Kennedy, Marti | | | | \$10.00 |
| | | | Contributor address; City; State; Zip Code | | | | |
| | | | 8701 Bluffstone Cv Apt 9301 | | | | |
| | | ŀ | Austin, TX 78759-7825 | | | | |
| | Principal occu | pat | tion / Job title (See Instructions) Employer (See Instru | ictions) | | | |
| | Date | Γ | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 08/03/2016 | | King, David | | | | \$100.00 |
| | | | Contributor address; City; State; Zip Code | | | | |
| | | | 1808 Kerr Ave | | | | |
| | | | Austin, TX 78704-1429 | | | | |
| | Principal occu | pai | tion / Job title (See Instructions) Employer (See Instru | ictions) | | | |
| | Date | | Full name of contributor out-of-state PAC (ID#: | J | | Amount of Contribution (\$) | |
| | 08/01/2016 | | League, Karrie | | | | \$100.00 |
| | | | Contributor address; City; State; Zip Code 1305 W 22nd St | | | | |
| | | | 1303 W 22110 St | | | | |
| | | | Austin, TX 78705-5332 | | | | |
| | Principal occu | pat | ion / Job title (See Instructions) Employer (See Instru | ctions) | | | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/12 Rpt: 11/23 2 FILER NAME 3 Filer ID Our City Our Safety Our Choice PAC 5 Full name of contributor 7 Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 08/02/2016 Levy, Michael \$500.00 6 Contributor address; City; State; Zip Code PO Box 146 Austin, TX 78767-0146 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:__ \$35.00 08/06/2016 McKee, Evelyn Contributor address; City; State; Zip Code 7601 Glenhill Cv Austin, TX 78752-2010 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 08/01/2016 \$20.00 Mcelroy, Jim Contributor address; City; State; Zip Code 2106 Cullen Ave Apt 212 Austin, TX 78757-2538 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 08/07/2016 \$10.74 Meisenbach, Megan Contributor address; City; State; Zip Code 1800 San Gabriel St Austin, TX 78701-1031 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 08/10/2016 \$25.00 Moffitt, Fred Contributor address; City; State; Zip Code 1703 Bauerle Ave Austin, TX 78704-3303 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/12 Rpt: 12/23 Filer ID 2 FILER NAME Our City Our Safety Our Choice PAC Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 08/04/2016 Morrison, Laura \$250.00 Contributor address; City; State; Zip Code 610 Baylor St Austin, TX 78703-5349 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$750.00 12/21/2016 Naishtat, Elliott Contributor address; City; State; Zip Code 6401 Wilburn Dr Austin, TX 78757 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/08/2016 \$20.00 Nash, Reuel Contributor address; City; State; Zip Code 9712 Llano Estacado Ln Austin, TX 78759-7764 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#; 08/09/2016 \$100.00 Oatman, Tamra-shae Contributor address; City; State; Zip Code 5922 Lookout Mountain Dr Austin, TX 78731-3658 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 08/12/2016 \$10.00 Ortega, Randy Contributor address; City; State; Zip Code 1208 Gemini Austin, TX 78758 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

| | MONET | ARY POLITICAL CONTRIBUTIONS | | SCHEDUL | E A1 |
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| | The Instru | ction Guide explains how to complete this form. | 1 | Total pages Schedule A1: Sch: 10/12 Rpt: 13/23 | |
| 2 | FILER NAME | Coffee Our Chaire DAC | 3 | Filer ID | |
| | Our City Ou | Safety Our Choice PAC | | | |
| 4 | Date 08/05/2016 | Full name of contributor | | Amount of Contribution (\$) | \$40.00 |
| | | 6 Contributor address; City; State; Zip Code 5730 Abilene Trail | | | |
| | | Austin, TX 78749 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) 9 En | nployer (See Instructions) | | |
| | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | #4CE 00 |
| | 08/25/2016 | Reiser, John | | | \$165.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | 900 B West 18th | | | |
| | | Austin, TX 78701 | | | |
| | Principal occu | pation / Job title (See Instructions) | nployer (See Instructions) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| | 08/12/2016 | Ruffing, Therese | | | \$70.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | 5512 Oakwood Cove | | | |
| | | #181 | | | |
| | | Austin, TX 78731 | | | |
| | Principal occu | pation / Job title (See Instructions) En | nployer (See Instructions) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 09/18/2016 | Sanger, Mary | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | |
| | | 704 Carolyn Ave | | | |
| | | Austin, TX 78705 | | | |
| | Principal occu | pation / Job title (See Instructions) | nployer (See Instructions) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| | 08/10/2016 | Scheel, Kristin | | | \$25.00 |
| | | Contributor address; City; State; Zip Code | *************************************** | | |
| | | 608A W Oltorf St | | | |
| | | Austin, TX 78704-5320 | | | |
| | Principal occu | pation / Job title (See Instructions) | nployer (See Instructions) | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIONS | SCHEDULE A | A1 |
|---|--------------------|--|---|---------|
| | The Instru | ction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/23 | |
| 2 | FILER NAME | Safety Our Choice PAC | 3 Filer ID | |
| 4 | Date 08/12/2016 | | 7 Amount of Contribution (\$) \$ | 200.00 |
| | | Austin, TX 78725 | | |
| 8 | Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | s) | |
| | Date 08/04/2016 | Full name of contributor out-of-state PAC (ID#:) Taddesse, Nega Contributor address; City; State; Zip Code 11500 Jollyville Rd Apt 2223 Austin, TX 78759-4073 | Amount of Cantribution (\$) | \$35.00 |
| | Principal occu | pation / Job title (See Instructions) Employer (See Instructions) | 5) | |
| | Date 08/12/2016 | Full name of contributor out-of-state PAC (ID#:) Thomson, Phyllis Contributor address; City; State; Zip Code 606 W Croslin St | Amount of Contribution (\$) | 100.00 |
| | Principal occu | Austin, TX 78752-2320 pation / Job title (See Instructions) Employer (See Instructions) | . (5) | |
| | Date 08/17/2016 | Full name of contributor out-of-state PAC (ID#:) Tovo, Kathie Contributor address; City; State; Zip Code 809 W 32nd Austin, TX 78705 | Amount of Contribution (\$) \$1,6 | 000.00 |
| | Principal occu | pation / Job title (See Instructions) Employer (See Instructions) |) | |
| | Date 08/12/2016 | Full name of contributor out-of-state PAC (ID#:) Weigand, Ingrid Contributor address; City; State; Zip Code 704 W Gibson Austin, TX 78704 | Amount of Contribution (\$) | 250.00 |
| | Principal occu | pation / Job title (See Instructions) Employer (See Instructions) |) | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | SCHEDULE A1 | | | | |
|---|----------------------------|---|-------------------------------|---|----------|--|--|
| | The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/23 | | | |
| 2 | FILER NAME Our City Our | r Safety Our Choice PAC | | 3 Filer ID | | | |
| 4 | Date 08/10/2016 | Full name of contributor out-of-state PAC (ID# Witte, Tracy Contributor address; City; State; Zip Code 908 E 14th St Austin, TX 78702-1021 | 7 Amount of Contribution (\$) | \$100.00 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | | |
| | Date 08/13/2016 | Full name of contributor out-of-state PAC (ID# Yznaga, Mary Contributor address; City; State; Zip Code 1912 Goodrich Ave Austin, TX 78704-3308 | : | Amount of Contribution (\$) | \$50.00 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | | |
| | Date 08/12/2016 | Full name of contributor out-of-state PAC (1D4 Zeller, Charles Contributor address; City; State; Zip Code 811 N Tumbleweed Trl Austin, TX 78733-3243 | | Amount of Contribution (\$) | \$500.00 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>s</u> | | | |
| | | | | | | | |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

| | The Instru | cti | on Guide explains how to complete this form. | 1 | Total pages Schedule C1: Sch: 1/1 Rpt: 16/23 | | | |
|---|--------------|-----|---|------------|---|--|--|--|
| 2 | FILER NAME | | | 3 Filer ID | | | | |
| | Our City Our | Sa | afety Our Choice PAC | | | | | |
| 4 | Date | 5 | Corporation / Labor Organization name | 7 | Amount of contribution (\$) | | | |
| | 08/12/2016 | | ABCABCO INC (Lone Star Cab) | | \$1,000.00 | | | |
| | | 6 | Corporation / Labor Organization address; City; State; Zip Code | 1 | | | | |
| | | | 6721 N Lamar Błvd | | | | | |
| | | | # 200 | | | | | |
| | | | Austin, TX 78752-3503 | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | | Out of District R (enter a category not listed above) |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer | ID |
| Sch: 1/7 Rpt: 17/23 | Our City Our Safety Our Choice PAC | |
| 4 Date | 5 Payee name | |
| 08/12/2016 | Butts, David | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$1,000.00 | 1914 Patton Ln | |
| | Austin, TX 78723 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of To Check if Austin, TX, officeh Repayment | exas. Complete Schedule T. older living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | | Office held |
| Date | Payee name | |
| 08/16/2016 | Butts, David | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2,000.00 | 1914 Patton Ln | |
| | | |
| | Austin, TX 78723 | |
| | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| PURPOSE OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Te | · |
| OF | Loan Repayment/Reimbursement Check if travel outside of Te | · |
| OF | Loan Repayment/Reimbursement Check if travel outside of Te | · |
| OF EXPENDITURE Complete ONLY if direct | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX. officeho Repayment Candidate/Officeholder name Office sought | · |
| OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX. officeho Repayment Candidate/Officeholder name Office sought | older living expense |
| OF EXPENDITURE Complete ONLY if direct | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX. officeho Repayment Candidate/Officeholder name Office sought | older living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX, officehor Repayment Candidate/Officeholder name Office sought OH | older living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Onto | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX, officeholder Repayment Candidate/Officeholder name Office sought Payee name Butts, David Payee address; City; State; Zip Code | older living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 08/31/2016 | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX, officeholder Repayment Candidate/Officeholder name OH Payee name Butts, David Payee address; City; State; Zip Code | older living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 08/31/2016 Amount (\$) | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX, officeholder Repayment Candidate/Officeholder name OH Payee name Butts, David Payee address; City; State; Zip Code 1914 Patton Ln | older living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 08/31/2016 Amount (\$) | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX, officeholder Repayment Candidate/Officeholder name OH Payee name Butts, David Payee address; City; State; Zip Code | older living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 08/31/2016 Amount (\$) \$1,000.00 | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX. officehor Repayment Candidate/Officeholder name Office sought Payee name Butts, David Payee address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description | older living expense Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 08/31/2016 Amount (\$) \$1,000.00 | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX, officehor Repayment Candidate/Officeholder name Office sought Payee name Butts, David Payee address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement Check if travel outside of Te | Office held exas. Complete Schedule T. |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 08/31/2016 Amount (\$) \$1,000.00 PURPOSE OF | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX. officehor Repayment Candidate/Officeholder name Office sought Payee name Butts, David Payee address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723 (a) Category (See Categories listed at the top of this schedule) (b) Description | Office held exas. Complete Schedule T. |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 08/31/2016 Amount (\$) \$1,000.00 PURPOSE OF | Loan Repayment/Reimbursement Check if travel outside of Te Check if Austin, TX, officehone Repayment | Office held exas. Complete Schedule T. |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/On Date 08/31/2016 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct | Loan Repayment/Reimbursement Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought | Office held exas. Complete Schedule T. |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/On Date 08/31/2016 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE | Loan Repayment/Reimbursement Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought | older living expense Office held exas. Complete Schedule T. |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee Legal Services | | | ages/Cor | ntract Labor this form. | Travel Out of District OTHER (enter a categ | ory not listed above) |
|---|--|-----|--|---------------|------------|----------|----------------------------|---|-----------------------|
| 1 | Total pages Schedule F1: Sch: 2/7 Rpt: 18/23 | 2 | FILER NAME Our City Our Safety O | ur Choice PAC | | | 3 | Filer ID | |
| 4 | Date 07/08/2016 | | Payee name ESC Marketing | | | | | | |
| 6 | Amount (\$) \$50.00 | 7 | Payee address; City; 13505 Bolivia Dr Austin, TX 78729 | State; | Zip Coo | le | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories lis Office Overhead/Renta | | dule) | | | tside of Texas. Complete : X, officeholder living expe | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder na | ne Of | ffice soug | ht | | Office held | |
| | Date 08/12/2016 | | Payee name ESC Marketing | | | | | | |
| | Amount (\$) \$50.00 | | Payee address; City; 13505 Bolivia Dr Austin, TX 78729 | State; | Zip Cod | le | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories lis Office Overhead/Renta | | dule) | | | tside of Texas. Complete : X, officeholder living expe | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | _ | Candidate/Officeholder nar | ne Of | ffice soug | ht | | Office held | |
| | Date 10/03/2016 | | Payee name ESC Marketing | | | | | | |
| | Amount (\$) \$50.00 | | Payee address; City; 13505 Bolivia Dr | State; | Zip Coo | le | | | |
| | | - | Austin, TX 78729 | | | ** * | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories lis Office Overhead/Renta | | dule) | | | tside of Texas. Complete : X, officeholder living expe | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder nar | ne Off | ffice soug | ht | | Office held | |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ove Food/Beverage Expense Polling Expense Office Ove Gitt/Awards/Memorials Expense Printing Expense Salaries/Memorials Expense Salaries/Memorials/Memo | xpense Vages/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 co | | | |
| 1 | Total pages Schedule F1: Sch: 3/7 Rpt: 19/23 | 2 FILER NAME Our City Our Safety Our Choice PAC 3 Filer ID | | | |
| 4 | | | | | |
| 4 | Date 10/21/2016 | 5 Payee name ESC Marketing | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | de | | |
| | \$50.00 | 13506 Bolivia Dr Austin, TX 78729 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | - | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Hosting | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sout | ght | Office held | |
| | Date | Payee name | | | |
| | 11/04/2016 | ESC Marketing | | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | - | |
| | \$50.00 | 13506 Bolivia Dr | | | |
| | | Austin, TX 78729 | | # | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | utside of Texas. Complete Schedule T. TX, officeholder living expense ING | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | Office held | |
| | Date | Payee name | | | |
| | 12/01/2016 | ESC Marketing | | | |
| | Amount (\$) \$50.00 | Payee address; City; State; Zip Co 13506 Bolivia Dr | de | | |
| | | Austin, TX 78729 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | ليبا | utside of Texas. Complete Schedule T. TX, officeholder living expense Ng | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office soul | ght | Office held | |
| | | | | | |

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Expen Printing Expe | | 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 how to complete this form. | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | 3 Filer ID |
| | Sch: 4/7 Rpt: 20/23 | Our City O | ır Safety Our Choice PAC | | | |
| 4 | Date | 5 Payee name | | | | |
| | 07/05/2016 | EveryAction | า | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; State | ; Zip Code | | |
| | \$71.20 | 1101 15th | St NW | | | |
| | | Ste 500 | | | | |
| | | Washington | n, DC 20005 | | | |
| 8 | PURPOSE OF | (a) Category (S | ee Categories listed at the top of this sch | nedule) (b | Description | |
| | EXPENDITURE | Fees | | | | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | | | | | Processing F | |
| | | | | | Ū | |
| 9 | Complete ONLY if direct | Candidate/Off | ceholder name (| Office sough | <u> </u> | Office held |
| | expenditure to benefit C/OI | 1 | | _ | | |
| | Date | Payee name | | | | |
| | 09/02/2016 | EveryAction | 1 | | | |
| | Amount (\$) | Payee addre | ss; City; State | ; Zip Code | | |
| | \$145.32 | 1101 15th 9 | St NW | | | |
| | | Ste 500 | | | | |
| | | Washingtor | n, DC 20005 | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the top of this sch | edule) (b |) Description | |
| | OF EXPENDITURE | Fees | | | <u></u> | outside of Texas. Complete Schedule T. |
| | | | | | Processing F | , TX, officeholder living expense |
| | | | | | r roccasing r | 663 |
| _ | Complete ONLY if direct | - | ceholder name (| Office sough | 1 | Office held |
| | expenditure to benefit C/OI | 1 | | | | |
| | Date | Payee name | | | | - |
| | 10/03/2016 | EveryAction | ı | | | |
| | Amount (\$) | Payee addre | ss; City; State | Zip Code | | · · · · · · · · · · · · · · · · · · · |
| | \$13.86 | 1101 15th 9 | St NW | | | |
| | | Ste 500 | | | | • |
| | | Washingtor | , DC 20005 | | | |
| | PURPOSE | (a) Category (s | ee Categories listed at the top of this sch | nedule) (b | Description | |
| | OF EXPENDITURE | Fees | - | , | Check if travel | outside of Texas. Complete Schedule T. |
| | LAF LIADII OKE | | | | | . TX, officeholder living expense |
| | | | | | Processing F | ees . |
| | Complete ONLY if direct | Candidate/Offi | ceholder name | Office sought | , | Office held |
| | expenditure to benefit C/O | | ochologi harric (| zince sough | • | Office field |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services 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 | | |
| | Sch: 5/7 Rpt: 21/23 | Our City Our Safety Our Choice PAC | | |
| 4 | Date | 5 Payee name | | |
| | 11/02/2016 | EveryAction | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$1.25 | 1101 15th St NW | | |
| | | Ste 500 | | |
| | · · · · · · · · · · · · · · · · · · · | Washington, DC 20005 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Processing Fees | | |
| | | 1 rocessing read | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OI | | | |
| | Date | Payee name | | |
| | 12/02/2016 | EveryAction | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$1.25 | 1101 15th St NW | | |
| | | Ste 500 | | |
| | | Washington, DC 20005 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | |
| | | Check if Austin, TX, officeholder living expense Processing Fees | | |
| | | Frocessing Fees | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OH | | | | |
| | Date | Payee name | | |
| | 07/29/2016 | Frost Bank | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$7.00 | P.O. Box 1600 | | |
| | | | | |
| | | San Antonio, TX 78296 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Monthly Service Charge | | |
| | | monthly contract charge | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OI | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed in | · |
|---|--|---|---|---|---------------------------------------|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAM | IE | ••- | · · · · · · · · · · · · · · · · · · · | 3 Filer ID | |
| _ | Sch: 6/7 Rpt: 22/23 | | ur Safety Our Choice PA | С | | | |
| 4 | Date | 5 Payee nam | e | | | · · · · · · · · · · · · · · · · · · · | |
| | 08/31/2016 | Frost Banl | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; St | ate; Zip Coo | le | | |
| | \$7.00 | P.O. Box | • | , • | | | |
| 8 | PURPOSE | | | 10 | b) Description | | |
| 0 | OF EXPENDITURE | Fees | See Categories listed at the top of this | s schedule) | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense ice Charge | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ficeholder name | Office soug | ht | Office held | |
| | Date | Payee nam | e | | | | |
| | 07/08/2016 | NGP VAN | | | | | |
| | Amount (\$) | Payee addr | ess; City; St | ate; Zip Cod | le | | |
| | \$250.00 | 1101 15th | St NW | | | | |
| | | Suite 500 | | | | | |
| | | Washingto | n, DC 20005 | | | | |
| | PURPOSE | (a) Category | See Categories listed at the top of this | s schedule) | b) Description | | |
| | OF EXPENDITURE | • | rhead/Rental Expense | , | Check if travel | outside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ficeholder name | Office soug | ht | Office held | |
| | Date 08/12/2016 | Payee nam NGP VAN | 9 | | | | |
| | Amount (\$) \$250.00 | Payee addr 1101 15th Suite 500 Washingto | _ | ate; Zip Cod | e | | |
| | PURPOSE OF EXPENDITURE | | See Categories listed at the top of this rhead/Rental Expense | sschedule) | | outside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ficeholder name | Office soug | ht | Office held | |
| | | | | | | | |

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 Gitt/Awards/Memorials Expense Leaal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services 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 |
| | Sch: 7/7 Rpt: 23/23 | Our City Our Safety Our Choice PAC |
| 4 | Date | 5 Payee name |
| | 08/30/2016 | NGP VAN |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$272.36 | 1101 15th St NW |
| | | Suite 500 |
| | | Washington, DC 20005 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Excessive Names |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| _ | Date | Payee name |
| | 08/30/2016 | Rindy Miller Media |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$220.36 | 2401 East 6th |
| | | #1007 |
| | | Austin, TX 78702 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Database Services |
| | | Buttables Colvices |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Data | D |
| | Date 12/16/2016 | Payee name United States Postmaster |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$35.00 | PO Box 6193 |
| | | Austin, TX 78762 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense PO Box |
| | | FO BOX |
| | Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |