SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
7

3 COMMITTEE NAME

UNITY PAC

OFFICE USE ONLY
Date Received
OCC RECEIVED AT JUL 16 '18 PM4:04

4 COMMITTEE ADDRESS

[ ] Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

604 WEST 11TH STREET
Austin, TX 78701

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR — Mr
FIRST — Ted
MI

NICKNAME — LAST — Siff — SUFFIX

Receipt #	Amount $
Date Processed	
Date Imaged	

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

604 WEST 11TH ST.
Austin, TX 78701

7 CAMPAIGN TREASURER MAILING ADDRESS

[ ] Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

604 WEST 11TH ST.
Austin, TX 78701

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 657-5414

9 REPORT TYPE

[ ] January 15
[✓] July 15

[ ] 30th day before election
[ ] 8th day before election
[ ] Runoff

[ ] Exceeded $500 limit
[ ] Dissolution (Attach PAC-DR)
[ ] 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year
1 / 1 / 2018

THROUGH

Month Day Year
6 / 30 / 2018

11 ELECTION

ELECTION DATE
Month Day Year
11 / 6 / 2018

ELECTION TYPE
[ ] Primary [ ] Runoff [✓] Other
[✓] General [ ] Special
Description: BOND ELECTION

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME UNITY PAC	13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME
(Attach lists on plain paper to complete this report if necessary.)	☐ CANDIDATE	
☑ SUPPORT (Candidate or Measure)	☐ OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
☐ OPPOSE (Candidate or Measure)		
☐ ASSIST (Officeholder)	☑ MEASURE	BALLOT IDENTIFICATION / # CITY of AUSTIN BOND PROPOSITIONS ELECTION DATE Month 11 / Day 6 / Year 2018
		DESCRIPTION THE 900⁺ MILLION OR BOND PROPOSITIONS

15 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 50.—
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 10,050.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 39.27
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,735.27
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 10,499.22
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —0—

16 AFFIDAVIT

DANIELLE KING
Notary Public, State of Texas
Comm. Expires 03-01-2021
Notary ID 131025638
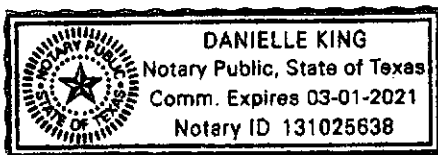
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ___TED SIFF___, this the ___16th___

day of ___JULY___, 20 18 , to certify which, witness my hand and seal of office.

_____	DANIELLE KING	NOTARY PUBLIC
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - SPAC

17	COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
	UNITY PAC	

19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 10,000.
2.	☐	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ —
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ —
4.	☐	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$ —
5.	☐	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$ —
6.	☐	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$ —
7.	☐	SCHEDULE E: LOANS	$ —
8.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 5,696.00
9.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ —
10.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 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 CONTRIBUTIONS	$ 39.27
14.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 2

2 FILER NAME UNITY PAC

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
1/17/18	AUSTIN PARKS FOUNDATION 6 Contributor address; City; State; Zip Code 507 CALLES ST. #116 AUSTIN, TX 78702	$5,000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
1/23/18	SHOAL CREEK CONSERVANCY Contributor address; City; State; Zip Code P O BOX 11520 AUSTIN, TX 78791	$1,000.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
2/6/18	SAVE BARTON CREEK ASSOCIATION Contributor address; City; State; Zip Code P O Box 5923 AUSTIN, TX 78763	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
2/16/18	SAVE OUR SPRINGS, INC. Contributor address; City; State; Zip Code P O Box 684881 AUSTIN, TX 78768	$2,500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: 2 of 2

2 FILER NAME UNITY PAC	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
5/1/18	TOWN LAKE TRAIL FOUNDATION **6** Contributor address; City; State; Zip Code P O Box 5195 Austin, TX 78763	$1,000,-

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	UNITY PAC	

4 Date	5 Payee name
3/8/18	OPINION ANALYSTS, INC

6 Amount ($)	7 Payee address; City; State; Zip Code
5,696.00	400 W. 14TH ST., AUSTIN, TX 78701

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	POLLING	☐ 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/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	UNITY PAC	

4 Date	5 Payee name
3/14/18	HARLAND CLARKE

6 Amount ($)	7 Payee address; City; State; Zip Code
3927 ☐ Expenditure from corporate funds	15955 LACANTERA PARKWAY, SAN ANTONIO, TX 78256

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)

Date	Payee name

Amount ($) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

Amount ($) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name

Amount ($) ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED