

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: <div style="font-size: 2em; text-align: center;">47</div>
3 COMMITTEE NAME Vote Yes on Prop K PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 806 Jewell St Austin, TX 78704		DCC RECEIVED AT OCT 10 '18 PM 1:05
			Date Received
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Michael R NICKNAME LAST SUFFIX Searle		Date Hand-delivered or Date Postmarked
			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 806 Jewell St Austin, TX 78704		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Same as above		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (541) 326-2269		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 7 / 1 / 2018 THROUGH 10 / 9 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

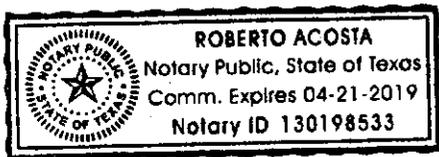
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME <hr/> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <hr/> BALLOT IDENTIFICATION / # Proposition K
		ELECTION DATE Month Day Year 11 / 6 / 2018
		DESCRIPTION Austin Efficiency Audit

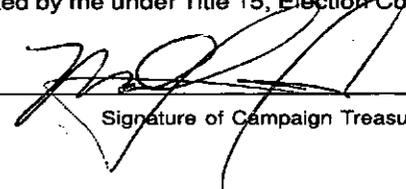
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,205
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,562.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,642.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said MICHAEL SEARLE, this the 10th day of OCTOBER, 2018, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

ROBERTO ACOSTA
 Printed name of officer administering oath

NOTARY PUBLIC
 Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Vote Yes on Prop K		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \$23,205
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ \$14,562.46
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> 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:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Pitte 6 Contributor address; City; State; Zip Code 1703 Mohle Dr Austin, TX 78704	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Consultant
Date 9/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed English Contributor address; City; State; Zip Code 12704 Europa Ln Austin, TX 78727	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Searle Contributor address; City; State; Zip Code 806 Jewell St Austin, TX 78704	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Non-Profit		Employer (See Instructions) Executive Director
Date 9/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Mackowiak Contributor address; City; State; Zip Code 9420 Research Blvd Austin, TX 78759	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Potomac Strategies		Employer (See Instructions) President

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 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Lewis 6 Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Attorney
Date 9/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Worsham Contributor address; City; State; Zip Code 1105 Norwalk Ln Austin, TX 78703	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) LJA Engineering		Employer (See Instructions) Engineer
Date 9/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Pakenham Contributor address; City; State; Zip Code 1101 Swenson Farms Blvd Pflugerville, TX 78660	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PCRS		Employer (See Instructions) Contractor
Date 9/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Shepard Contributor address; City; State; Zip Code 6601 Rialto Blvd Unit 5201 Austin, TX 78735	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Association Manager		Employer (See Instructions) BOMA Austin

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Kleinman <hr/> 6 Contributor address; City; State; Zip Code P.O Box 13549 Austin, TX 78711	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Retailer		9 Employer (See Instructions) MLK LLC
Date 9/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Covo <hr/> Contributor address; City; State; Zip Code 1148 Northwestern Ave Austin, TX 78702	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) PJS
Date 9/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen & Caleb Troxclair <hr/> Contributor address; City; State; Zip Code 1500 Surrey Hill Dr Austin, TX 78746	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Austin
Date 9/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan Gore <hr/> Contributor address; City; State; Zip Code aaa Austin, TX 78749	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawn Guy		Employer (See Instructions) Top Choice

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

9/19/2018

5 Full name of contributor

Jay Wiley

out-of-state PAC (ID#: _____)

6 Contributor address;

4221 Canoas Dr

City; State; Zip Code

Austin, TX 78730

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Director of Operations

9 Employer (See Instructions)

Luxe OB

Date

9/19/2018

Full name of contributor

Karen Flanagan

out-of-state PAC (ID#: _____)

Contributor address;

12301 Bar X Dr.

City; State; Zip Code

Austin, TX 78727

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Farmer

Employer (See Instructions)

Self-Employed

Date

9/19/2018

Full name of contributor

Matt Gore

out-of-state PAC (ID#: _____)

Contributor address;

4825 Eagle Feather Dr

City; State; Zip Code

Austin, TX 78735

Amount of contribution (\$)

\$5.00

Principal occupation / Job title (See Instructions)

Manager

Employer (See Instructions)

Native

Date

9/20/2018

Full name of contributor

Frank Rodriguez

out-of-state PAC (ID#: _____)

Contributor address;

P.O. Box 1271

City; State; Zip Code

Austin, TX 78767

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Health Strategist

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mona Mehdy 6 Contributor address; City; State; Zip Code 50004 Smokey Mountain Austin, TX 78727	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) UT Austin
Date 9/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin McGann Contributor address; City; State; Zip Code 2304 S. 3rd St. Austin, TX 78704	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lion Tamer		Employer (See Instructions) State
Date 9/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire Martinez Contributor address; City; State; Zip Code 4513 Cliffstone Dr Austin, TX 78735	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 9/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John May Contributor address; City; State; Zip Code 8340 Doe Meadow Dr Austin, TX 78749	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Keller Williams

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon Smith 6 Contributor address; City; State; Zip Code 7301 Waterline Rd Austin, TX 78731	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Field Applications		9 Employer (See Instructions) Advantest America
Date 9/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Hersey Contributor address; City; State; Zip Code 405 Brady Lane Austin, TX 78746	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Howry Contributor address; City; State; Zip Code 6201 Diamond Head Circle Austin, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) Phil Howry Co.
Date 9/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Llorens Contributor address; City; State; Zip Code 2902 Angelfire Ln Austin, TX 78746	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Marketouch

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Szalay 6 Contributor address; City; State; Zip Code 1322 Thaddeus Cove Austin, TX 76746	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 9/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roque de la Fuente Contributor address; City; State; Zip Code 5440 Morehouse Dr San Diego, CA 92121	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 9/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Stowell Contributor address; City; State; Zip Code 108 Chicon St Austin, TX 78702	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) KEEP Real Estate
Date 9/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Searle Contributor address; City; State; Zip Code 806 Jewell St Austin, TX 78704	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Diretor		Employer (See Instructions) Non-Profit

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ora Houston 6 Contributor address; City; State; Zip Code 2207 E. 22nd St Austin, TX 78702	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Council Member		9 Employer (See Instructions) City of Austin
Date 9/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Rigsbee Contributor address; City; State; Zip Code 2507 Chisholm Trail Spicewood, TX 78669	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 9/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Skaggs Contributor address; City; State; Zip Code 4700 Toreador Dr Austin, TX 78746	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Aminex Therapeutics
Date 9/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) vCFO Contributor address; City; State; Zip Code 6836 Research Blvd Austin, TX 78731	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Company		Employer (See Instructions) vCFO

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Parsons <hr/> 6 Contributor address; City; State; Zip Code 3706 Greystone Dr Austin, TX 78731	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 9/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Melancon <hr/> Contributor address; City; State; Zip Code 50 E. 38th St Austin, TX 78705	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) AIBA
Date 9/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Prevratil <hr/> Contributor address; City; State; Zip Code 11902 Buckingham Austin, TX 78759	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Network Admin		Employer (See Instructions) State of Texas
Date 9/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meg Wilson <hr/> Contributor address; City; State; Zip Code 2005 Arthur Ln Austin, TX 78704	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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 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 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

9/30/2018

5 Full name of contributor

Leslie Pool

out-of-state PAC (ID#: _____)

6 Contributor address;

3800 Creek Rd

City; State; Zip Code

Dripping Springs, TX 78620

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/1/2018

Full name of contributor

Aaron Day

out-of-state PAC (ID#: _____)

Contributor address;

5017 McDade Dr

City; State; Zip Code

Austin, TX 78735

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

TTLA

Date

10/1/2018

Full name of contributor

Damon Fogley

out-of-state PAC (ID#: _____)

Contributor address;

232 Evening Star

City; State; Zip Code

Kyle, TX 78640

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Paramedic

Employer (See Instructions)

Austin/Travis County EMS

Date

10/1/2018

Full name of contributor

Jeffrey Heckler

out-of-state PAC (ID#: _____)

Contributor address;

2112 Sage Creek Loop

City; State; Zip Code

Austin, TX 78704

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Texas Solutions Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan McMillan 6 Contributor address; City; State; Zip Code 903 Fairmount Ave Austin, TX 78704	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Bartender		9 Employer (See Instructions) South Congress Hotel
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen Wood Contributor address; City; State; Zip Code 5002 Sevan Cove Austin, TX 78731	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) vCFO
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackenzie Dahl Contributor address; City; State; Zip Code 903 Fairmount Ave Austin, TX 78704	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Summer Moon Coffee
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Nantz Contributor address; City; State; Zip Code 301 Brazos St Austin, TX 78701	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Redwood Advisors

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston McKee 6 Contributor address; City; State; Zip Code 5313 Serene Hills Dr Lakeway, TX 78738	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self Employed
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Bailey Contributor address; City; State; Zip Code 3202 Laguna Dr Austin, TX 78741	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of National Sales		Employer (See Instructions) Dry Creek Vineyards
Date 10/2/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward Tisdale Contributor address; City; State; Zip Code 4701 Gillis St Austin, TX 78745	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ED		Employer (See Instructions) Center for Austin's Future
Date 10/3/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover Alexander Contributor address; City; State; Zip Code 1303 Comal St Austin, TX 78702	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Hoover's Cooking

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarun Nimmagadda <hr/> 6 Contributor address; City; State; Zip Code 1937 Rue De St Tropez Austin, TX 78746	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
Date 10/3/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manifold RE <hr/> Contributor address; City; State; Zip Code 8140 N MoPac Expy St 4-14 Austin, TX 78759	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Manifold
Date 10/3/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JP Riedie <hr/> Contributor address; City; State; Zip Code 1501 Lipan Trail Austin, TX 78733	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Austin Creative Alliance
Date 10/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Treadaway <hr/> Contributor address; City; State; Zip Code 10201 Holme Lacey Lane Austin, TX 78750	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Polygraph Media

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 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 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viveca Martinez <hr/> 6 Contributor address; City; State; Zip Code 222 E. Riverside Dr Austin, TX 78704	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) State of Texas
Date 10/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Rodgers <hr/> Contributor address; City; State; Zip Code 1112 West 9th St Austin, TX 78703	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Real Estate Investment		Employer (See Instructions) Rodgers & Reichle Inc
Date 10/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Martin <hr/> Contributor address; City; State; Zip Code 4301 City Park Rd Austin, TX 78730	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RVP - State Affairs		Employer (See Instructions) NAMIC
Date 10/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Kania <hr/> Contributor address; City; State; Zip Code 1937 Rue De St. Tropez Austin, TX 78746	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colby Wallis <hr/> 6 Contributor address; City; State; Zip Code 8303 Washita Dr Austin, TX 78749	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Commercial Real Estate		9 Employer (See Instructions) Wallis Consulting
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Thornton <hr/> Contributor address; City; State; Zip Code 1507 Pease Rd #4 Austin, TX 78703	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Policy		Employer (See Instructions) City of Austin
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Borgelt <hr/> Contributor address; City; State; Zip Code 614 S. Capital of Texas Hwy Austin, TX 78746	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Petronis <hr/> Contributor address; City; State; Zip Code P.O. Box 1 Austin, TX 76550	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Kforce

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 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 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/2018

5 Full name of contributor

Robert Farrow

out-of-state PAC (ID#: _____)

6 Contributor address;

9659 Timberleaf Dr

City; State; Zip Code

Dallas, TX 75243

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Self

Date

10/5/2018

Full name of contributor

James Rupar

out-of-state PAC (ID#: _____)

Contributor address;

4210 Munger Ave

City; State; Zip Code

Dallas, TX 75204

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

VP

Employer (See Instructions)

Nationstar

Date

10/5/2018

Full name of contributor

Carter Hobbs

out-of-state PAC (ID#: _____)

Contributor address;

512 E. Riverside Dr St.200

City; State; Zip Code

Austin, TX 78704

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

IT Director

Employer (See Instructions)

CLI

Date

10/5/2018

Full name of contributor

Alice Billingsley

out-of-state PAC (ID#: _____)

Contributor address;

809 Mountain Ridge Dr

City; State; Zip Code

Austin, TX 78641

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Outreach Director

Employer (See Instructions)

City of Austin

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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 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traci Berry <hr/> 6 Contributor address; City; State; Zip Code 1811 Cando Court Austin, TX 78734	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) GCT
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Rodriguez <hr/> Contributor address; City; State; Zip Code 10218 Braemar Dr Austin, TX 78747	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Military Officer		Employer (See Instructions) Retired USAF
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Lennox <hr/> Contributor address; City; State; Zip Code 2916 Sale St Dallas, TX 75219	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) BDO USA
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Art Olbert <hr/> Contributor address; City; State; Zip Code 1906 Raleigh Avenue Austin, TX 78703	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) Self Employed

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 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 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Pool <hr/> 6 Contributor address; City; State; Zip Code 2106 Indian Trail Austin, TX 78703	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbary Brunner <hr/> Contributor address; City; State; Zip Code 5403 Joe Sayers Ave Unit A Austin, TX 78756	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Marketing Officer		Employer (See Instructions) Phunware
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Baird <hr/> Contributor address; City; State; Zip Code 2405 Colorado St Austin, TX 78702	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) PeolotonU
Date 10/5/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Van Amam <hr/> Contributor address; City; State; Zip Code 1800 Edelweiss Dr Cedar Park, TX 78613	Amount of contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) City of Austin

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evan Baehr 6 Contributor address; City; State; Zip Code 2605 W. 8th St Austin, TX 78703	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Teneo
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JD Ivey Contributor address; City; State; Zip Code 7717 Southwest Parkway Austin, TX 78735	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Bunch Contributor address; City; State; Zip Code 1307 Oxford Ave Austin, TX 78704	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Save Our Springs Allianc
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Bowen Contributor address; City; State; Zip Code 8404 Caspian Drive Austin, TX 78749	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Jeffrey L. Bowen & Associates

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred McGhee <hr/> 6 Contributor address; City; State; Zip Code 2316 Thrasher Lane Austin, TX 78741	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Archaeologist		9 Employer (See Instructions) Self Employed
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin English <hr/> Contributor address; City; State; Zip Code 12704 Europa Ln Austin, TX 78727	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) AISD
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francoise Luca <hr/> Contributor address; City; State; Zip Code 1108 Gemini Dr Austin, TX 78758	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Westview Marketing
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Hensley <hr/> Contributor address; City; State; Zip Code 313 Plum Dr Austin, TX 78734	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) TMA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME Vote Yes on Prop K</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 10/8/2018</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel Fianagan</p> <hr/> <p>6 Contributor address; City; State; Zip Code 12301 Bar X Dr Austin, TX 78727</p>	<p>7 Amount of contribution (\$) \$50.00</p>
<p>8 Principal occupation / Job title (See Instructions) Software Developer</p>		<p>9 Employer (See Instructions) Tanknology</p>
<p>Date 10/8/2018</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Cauduro</p> <hr/> <p>Contributor address; City; State; Zip Code 341 Rosemary Hollow Buda, TX 78610</p>	<p>Amount of contribution (\$) \$25.00</p>
<p>Principal occupation / Job title (See Instructions) Department Director</p>		<p>Employer (See Instructions) Austin Apartment Association</p>
<p>Date 10/8/2018</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lewis</p> <hr/> <p>Contributor address; City; State; Zip Code 3839 Bee Cave Rd. West Lake Hills, TX 78746</p>	<p>Amount of contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions) Investments</p>		<p>Employer (See Instructions) Self Employed</p>
<p>Date 10/8/2018</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Talley</p> <hr/> <p>Contributor address; City; State; Zip Code 3805 Meandering Creek Cv Ausitn, TX 78746</p>	<p>Amount of contribution (\$) \$50.00</p>
<p>Principal occupation / Job title (See Instructions) Realtor</p>		<p>Employer (See Instructions) Self Employed</p>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan McDaniel <hr/> 6 Contributor address; City; State; Zip Code 8000 US 290 West Austin, TX 78736	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Independent Contractor
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Phillips <hr/> Contributor address; City; State; Zip Code 7708 San Felipe Rd #62 Austin, TX 78729	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) N/A
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlton Ranney <hr/> Contributor address; City; State; Zip Code 4601A Depew Ave Austin, TX 78751	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Filmmaker		Employer (See Instructions) Self Employed
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathryn Lewis <hr/> Contributor address; City; State; Zip Code 4601A Depew Ave Austin, TX 78751	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Thread Collaborative

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Ramsay <hr/> 6 Contributor address; City; State; Zip Code 2322 Shady Ave Pittsburg, PA 15217	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Michael Ramsay MD
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ariene Merryman <hr/> Contributor address; City; State; Zip Code 2322 Shady Ave Pittsburg, PA 15217	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Ramsay <hr/> Contributor address; City; State; Zip Code 3800 Creek Rd Dripping Springs, TX 78620	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trenton Pool <hr/> Contributor address; City; State; Zip Code 3800 Creek Rd Dripping Springs, TX 78620	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bush <hr/> 6 Contributor address; City; State; Zip Code 11606 Anatole Ct Austin, TX 78748	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Cahn <hr/> Contributor address; City; State; Zip Code 4700 E. Riverside Dr Austin, TX 78741	Amount of contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Worker		Employer (See Instructions) Hat Creek Burger Company
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Nalle <hr/> Contributor address; City; State; Zip Code 7609 Nez Perce Tr Manor, TX 78653	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Fontcraft
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Snow <hr/> Contributor address; City; State; Zip Code 10906 Opa Trail Austin, TX 78750	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Fatcom

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)
4 Date 10/8/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Machaek 6 Contributor address; City; State; Zip Code 110340 Brunston Rd Dallas, TX 76244	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Executive Producer		9 Employer (See Instructions) Daystar
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashok Chandra Contributor address; City; State; Zip Code 80 West Street 12w New York, NY 10006	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) GroupM
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Searle Contributor address; City; State; Zip Code 806 Jewell St Austin, TX 78704	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Non-Profit		Employer (See Instructions) Executive Director
Date 10/8/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Mitchell Contributor address; City; State; Zip Code 1403 Ulit Ave Austin, TX 78702	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Just Liberty

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Vote Yes on Prop K

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/2018

5 Full name of contributor

out-of-state PAC (ID#: _____)

Gina Houston

6 Contributor address;

City; State; Zip Code

5411 Palo Blanco

Austin, TX 78744

7 Amount of contribution (\$)

\$14.00

8 Principal occupation / Job title (See Instructions)

Tax Examiner

9 Employer (See Instructions)

IRS

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)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Vote Yes on Prop K		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

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

4 TOTAL OF UNITEMIZED PLEDGES \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

10 Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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

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MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

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NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

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PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$	8 In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/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 complete this form.

1 Total pages Schedule F1:	2 FILER NAME Vote Yes On Prop K PAC	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/2018	5 Payee name Rosa Santis	
6 Amount (\$) \$2,500	7 Payee address; City; State; Zip Code 403 Springdale Rd Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Space	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 9/21/2018	Candidate / Officeholder name Vici Media	
Amount (\$) \$5,000.	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Digital Marketing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 10/1/2018	Candidate / Officeholder name Colton Bostick	
Amount (\$) \$1,000	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Video Production	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/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 complete this form.

1 Total pages Schedule F1:	2 FILER NAME Vote Yes On Prop K PAC	3 Filer ID (Ethics Commission Filers)
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4 Date 10/1/2018	5 Payee name Michael Searle
----------------------------	---------------------------------------

6 Amount (\$) \$2,575.00	7 Payee address; City; State; Zip Code 806 Jewell St Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement for Yard Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/2018	Payee name Milburn Creative
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Amount (\$) \$400.00	Payee address; City; State; Zip Code 6106 Diamond Head Drive Austin, TX 78746
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Logo Design	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/2018	Payee name Michael Searle
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 806 Jewell St Austin, TX 78704
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for Labor Costs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/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 complete this form.

1 Total pages Schedule F1:	2 FILER NAME Vote Yes On Prop K PAC	3 Filer ID (Ethics Commission Filers)
4 Date 10/1/2018	5 Payee name Benezet Consulting, LLC	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 3800 Creek Rd Dripping Springs, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/5/2018	Payee name Donorbox	
Amount (\$) \$92.40	Payee address; City; State; Zip Code 185 Mission st San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website Donation Software	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/5/2018	Payee name Bank of America	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 100 North Tryon St Charlotte, NC 28255	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Checks	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/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 complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> 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 (\$) <input type="checkbox"/> 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.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer

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		<input type="checkbox"/> Check if political contribution returned to filer

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		<input type="checkbox"/> Check if political contribution returned to filer

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		<input type="checkbox"/> Check if political contribution returned to filer

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**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC - DR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Dissolution" ..

1 COMMITTEE NAME

2 Filer ID (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, 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