SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

		1 Filer ID (Ethics Commission	Filers)	2 Total pages fil	ed:
The SPAC Instruction Guide	e explains how to complete this form.			28 .	
3 COMMITTEE NAME				OFFICE	USE ONLY
Vote Ye	s On Prop K PAC		ı	Date Received	·
A COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIF	P CODE		
4 COMMITTEE ADDRESS	ADDRESS FFO BOX, AFT 7 SOITE #,	OIN, SIMIE, ZI			
Change of Address	806 Jewell St	-Austin, TX 78704		0C(0C1)	RECEIVED AT 29'18 PM12:28
				Date Hand-delivered	or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST		1	Receipt #	Amount \$
TREASURER NAME	Michael			Troucips #	, Amount &
	NICKNAME LAST	SU	JFFIX	Date Processed	
,	Searle	•		Date Imaged	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); A	PT / SUITE #; CITY; ST	ΓΑΤΕ;	ZIP CODE	
TREASURER STREET ADDRESS (Residence or Business)	806 Jewell St	Austin, TX 78	1704)
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; 806 Jewell St		TATE;	ZIP CODE .	
Change of Address	3000000	Austin, TX 787	04		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	ş.		
TREASURER PHONE	(541) 326-2269	·			
9 REPORT TYPE		Oth day before election	·	Exceeded \$500 limit Dissolution (Attach PAG	G-DR)
		Runoff		10th day after campaig	n treasurer termination
10 PERIOD COVERED	Month Day Year			: Monthl 3 1 \ Day	
	10 / 08 / 2018	THROUGH S20!	5 68 15-2	Coldus (asion \$2) (asion) (alkine (Votery II)	2018-1
11 ELECTION	ELECTION DATE	EÚEC	TION TYPE	er tiller 11-94tit e _{r se} ker ekertike kandisk e _l tisk et	MARTINES OF STREET STREET
	11 / 6 / 2018	neral Special	Other Description		•
				•	
	•	• .	•	4 . [↑] .	•
3 (3) (5 7)	(° GO.	TO PAGE 2			
	·	·			•

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		11	3 Filer ID (Ethics Commission Filers)		
vote Yes on Prop K					
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 (officeho	ider)		
OPPOSE (Candidate or Measure)					
	,	BALLOT IDENTIFICATION / # E	LECTION DATE Day Year		
ASSIST	x MEASURE	Proposition K 11/	6 / 2018		
(Officeholder)	_	DESCRIPTION	•		
· · · · · · · · · · · · · · · · · · ·		Austin Efficiency Audit			
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$				
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,610		
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS IT	remized \$		
	4. TOTAL POLITICA	AL EXPENDITURES	\$ 26,215.11		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	CONTRIBUTIONS MAINTAINED AS OF THE LAS' NG PERIOD	\$ 6,698.12		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$		
16 AFFIDAVIT	ANDRO MEDINA	I swear, or affirm, under penalty of pe report is true and correct and includ be reported by me under Title 15, El	es all information required to		
ALEJANDRO MEDINA Notary Public, State of Texas Comm. Expires 08-15-2022 Notary ID 131684514 Signatury of Campaign Treasurer					
AFFIX NOTARY STAMP / SEA	LABOVÉ	-	İ		
Sworn to and subscribed before me, by the said <u>Michael Searle</u> , this the <u>19⁺¹</u> day of <u>October</u> , 20 18, to certify which, witness my hand and seal of office.					
Helando Medina What Y Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME 11	8 Filer ID (Ethics Con	nmission Filers)
			١.
19 `	SCHEDULE SUBTOTALS NAME OF SCHEDULE	,	SUBTOTAL AMOUNT
1.	x SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
.2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO		\$
5.	SCHEDULE G2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR ORGANIZATION		\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS	\$
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	\$		
11	\$		
12.	JSINESS OF C/OH	\$	
13.	\$		
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
	J		
			•
	•		
			(

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Date 5 Full name of contributor out-of-state PAC (ID#:	Commission Filers
James Benefico 6 Contributor address; City; State; Zip Code \$10.00 Principal occupation / Job title (See Instructions) Self Employed Date Full name of contributor Greg McNelis Contributor address; City; State; Zip Code \$50.00 Austin, TX 78756 Principal occupation / Job title (See Instructions) Kolache Factory Date Full name of contributor Greg McNelis Contributor address; City; State; Zip Code \$50.00 Austin, TX 78756 Employer (See Instructions) Owner Amount of column Maki 10/10/2018 Contributor address; City; State; Zip Code \$10.00 Kolin Maki 10/10/2018 Contributor address; City; State; Zip Code \$10.00 Fincipal occupation / Job title (See Instructions) Amount of column Muscle Date Full name of contributor Source Muscle Full name of contributor Source Muscle Amount of column Muscle Amount of c	
Total Full name of contributor City; State; Zip Code S10.00	ntribution (\$)
Principal occupation / Job title (See Instructions) Self Employed Full name of contributor Greg McNells 10/10/2018 Contributor address; City; State; Zip Code 4307 Bellvue Austin, TX 78756 Principal occupation / Job title (See Instructions) Kolache Factory Date Full name of contributor Kolin Maki 10/10/2018 Contributor address; City; State; Zip Code Employer (See Instructions) Owner Amount of contributor City; State; Zip Code S50.00 Amount of contributor Full name of contributor Kolin Maki 10/10/2018 Contributor address; City; State; Zip Code \$10.00 Full name of contributor S500 Basswood Ln Austin, TX 78723 Principal occupation / Job title (See Instructions) Organice Muscle Full name of contributor Organice Muscle Amount of contributor Out-of-state PAC (ID#:	
Self Employed Entreprenuer	
Date Full name of contributor Out-of-state PAC (ID#: State: Zip Code \$50.00	
Principal occupation / Job title (See Instructions) Kolache Factory Date Full name of contributor Kolin Maki 10/10/2018 Contributor address; City; State; Zip Code 5500 Basswood Ln Austin. TX 78723 Principal occupation / Job title (See Instructions) Organice Muscle Full name of contributor Amount of column	ntribution (\$)
Principal occupation / Job title (See Instructions) Kolache Factory Date Full name of contributor Kolin Maki 10/10/2018 Contributor address; City; State; Zip Code \$10.00 5500 Basswood Ln Austin. TX 78723 Principal occupation / Job title (See Instructions) Organice Muscle Full name of contributor Out-of-state PAC (ID#:	
Date Full name of contributor	
Noting the Contributor State Factor State Stat	
S500 Basswood Ln Austin. TX 78723	ntribution (\$)
Principal occupation / Job title (See Instructions) / Employer (See Instructions) Organice Muscle Sales Date Full name of contributor out-of-state PAC (ID#:) Amount of co)
Organice Muscle Sales Date Full name of contributorout-of-state PAC (ID#:) Amount of co	
Date Full name of contributor out-of-state PAC (ID#:)	
Stacy Flock	ntribution (\$)
10/10/2018 Contributor address; City; State; Zip Code \$10,000 3331 Westlake Dr Austin, TX 78746	0.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired Retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to complete th	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 out-of-state F	PAC (ID#:)	7 Amount of contribution (\$)
	10/11/2018		ate; Zip Code	\$5,000.00
		6757 Airport Blvd Austin, T	X 78752	
8	Principal occup Self Emplo	pation / Job title (See Instructions) yed	9 Employer (See Instruc	tions)
	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	10/11/2018		ate; Zip Code	\$10.00
		PO Box 17186 Austin, T	K 78760	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Seasteadin	g Institute	Operations Manager	
	Date	Full name of contributor out-of-state f	PAC (ID#:)	Amount of contribution (\$)
	10/16/2018		ite; Zip Code	\$10.00
1	·	7301 Waterline Road Austin, TX	. 78731	•
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	Advantest Ar	nerica	Applications Enginee	· · · · ·
	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	10/17/2018	Richard Fonte Contributor address; City; Sta	ate; Z jo Code	\$100.00
		5804 Cyrilla Dr Austin, TX	78759	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Austin Community College			Faculty - Part Time	
				1
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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	1 Total pages Schedule A1:	
2	FILER NAME		. /	3 Filer ID (Ethics Commission Filers)
	Vote Yes	on Prop K		
4	Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
	10/17/2018	6 Contributor address; City; State;	Zîp Code	\$50.00
	:	11603 Sterlinghill Drive Austin, TX 78	758	
8	Principal occup	` '	9 Employer (See Instruct	iions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	10/17/2018	Ellen Troxclair Contributor address; City; State; 1500 Surrey Hill Dr Austin, TX 78		\$2,500.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Self Employ	ved	Realtor	
	Date	Full name of contributor out-of-state_PAC Colin McFerrin	(ID#:)	Amount of contribution (\$)
	10/17/2018	Contributor address; City; State;	Zip Code	\$100.00
·		187 Elmhurst, Suite A Kyle, TX 786	440 ·	•
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	McFerrin &	Zayed, PLLC	Attorney	
	Date	Full name of contributor out-of-state PAC Laurie Worsham	(ID#:)	Amount of contribution (\$)
	10/20/2018	Contributor address; City; State;	· ·	\$100.00
		1105 Norwalk Ln Austin, TX 78	.703	
	Principal occup None	ation / Job title (See Instructions)	Employer (See Instruc Mom	tions)
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Vote Yes on Prop K 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Joe Hootman 6 Contributor address; 10/21/2018 City; State; Zip Code \$10.00 11919 Meadowfire Austin, TX 78758 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RetailMeNot Sr. Quality Engineer Amount of contribution (\$) Full name of contributor ul-of-state PAC (ID#: Date Brian Rodgers 10/22/2018 \$500.00 Contributor address; City; State; Zip Code 1112 West 9th St Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions) Rodgers & Reichle Inc Real Estate Investor Amount of contribution (\$) Full name of contributor Date Out-of-state PAC (ID#: David King 10/22/2018 Contributor address; City; State; Zip Code \$50.00 1808 Kerr St Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Paul Zito 10/23/2018 \$5,000.00 Contributor address; State; Zip Code 4445 River Garden Trail Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Investor

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Vote Yes on Prop K 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#: Kristi McKenzie 6 Contributor address; \$10.00 10/23/2018 City; State; Zip Code 2298 Forest Trail Dr Austin, TX 78703 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) **OBHG** Physician Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#: Kevin Countie Contributor address; City; State; Zip Code 10/23/2018 \$100.00 10300 Ember Glen Dr Austin, TX 78726 Principal occupation / Job title (See Instructions) Employer (See Instructions) Intelligence Analyst DOJ/DEA Amount of contribution (\$) Full name of contributor Date ut-of-state PAC (ID#:_ **BOMA Austin** City; State; Zip Code 10/23/2018 Contributor address; \$500.00 PO Box 201742 Austin, TX 78720 Principal occupation / Job title (See Instructions) Employer (See Instructions) **BOMA Austin BOMA Austin** Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

`\$500.00

10/23/2018

Golden Frog

Ron Yokubaitis

Contributor address;

Principal occupation / Job title (See Instructions)

2500 Bee Cave Rd

City; State; Zip Code

Employer (See Instructions)

CEO

Austin, TX 78746

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Vote Yes on Prop K 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:_ Reagan National Advertising of Austin, Inc. 10/10/2018 6 Contributor address; City; State; Zip Code 1775 North Warm Springs Rd Salt Lake City, UT 84116 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Reagan National Advertising of Austin Reagan National Advertising of Austin Amount of contribution (\$) Full name of contributor out-of-state PAC (iD#:_ Date Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) -Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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.

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				3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTION	18	\$
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description
	7 Contributor address; City; State; Zip Coo	le		Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation /'Job title (FOR NON-JUDICIAL) (See Instructions)	11 Em	ploye	r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Co	ntribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 La	w firm	of contributor's spouse (if any) (FOR JUDICIÁL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co	de		Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Em	ploye	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			-	
li li	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruction			

SCHEDULE B **PLEDGED CONTRIBUTIONS** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor . 9 In-kind contribution out-of-state PAC (ID#: 8 Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date In-kind contribution Full name of pledgor ut-of-state PAC (ID#; Amount of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor ut-of-state PAC (ID#:_ Amount In-kind contribution of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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 CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule C1:						
2 FILER NAM	MF	2	Filer ID (Ethics Commission Filers)				
	···		THE TO (ETHICS COMMISSION FREIS)				
	·	L					
4 Date	5 Corporation / Labor Organization name	7	Amount of contribution (\$)				
•							
	,	1	ļ				
	6 Corporation / Labor Organization address; City; State; Zip Code	1	•				
	Outpoiltion / Labor Organization address, Oity, State, Zip Code	1	į				
	·						
			*				
							
Date	Corporation / Labor Organization name		Amount of contribution (\$)				
		1					
	Corporation / Labor Organization address; City; State; Zip Code	1	•				
•	Superation reason organization address, Oity, Oidio, Zip oods	_	•				
		1					
		$\frac{1}{1}$					
Date	Corporation / Labor Organization name		Amount of contribution (\$)				
	,						
	Corporation / Labor Organization address; City; State; Zip Code						
			•				
)							
Date	Corporation / Labor Organization name	1	Amount of contribution (\$)				
Date		1	(4)				
		1					
	· · · · · · · · · · · · · · · · · · ·	1					
	Corporation / Labor Organization address; City; State; Zip Code						
		1					
		1					
		1	-				
Date	Corporation / Labor Organization name		Amount of contribution (\$)				
		1					
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	Corporation / Labor Organization address; City; State; Zip Code	1					
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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 NAM	AE .	3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution \$ description
	6 Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date '	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
		,
-	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	ILE AS NEEDED

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

		<i>'</i>		
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule D:		
2 FI	ER NAME	3 Filer ID (Ethics Commission Filers)		
4 Da	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution \$ description		
	6 Corporation / Labor Organization address; City; State; Zip Code			
•		Check if travel outside of Texas. Complete Schedule T.		
Di	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
Di	te Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
Di	te Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
D	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
	<u> </u>			
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED		

	LOANS			SCHEDULE E	ı
	The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	1
4	TOTAL OF UN	ITEMIZED LOANS		\$	
5	Date of loan	7 Name of lender	of-state PAC (ID#:	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address; Cit	y; State; Zip Code	10 Interest rate 11 Maturity date	
	Y N	,		ividanty date	
12	Principal occupation	n / Job title (See Instructions)	13 Employer (See In	structions)	
14	Description of Coll	ateral	15 Check if personal (See Instructions)	funds were deposited into political account	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	-
		18 Guarantor address; Cit	; State; Zip Code		
	not applicable			·	
20	Principal Occupat	ion (See Instructions)	21 Employer (See In	structions)	_
	Date of loan	Name of lender	of-state PAC (ID#:	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address; Ci	y; State; Zip Code	Interest rate	
	Y N			Maturity date	
	Principal occupation	on / Job title (See Instructions)	Employer (See In	structions)	
	Description of Coll	ateral	Check if personal	funds were deposited into political account '	_
	none		(See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	•	Guarantor address; Ci	y; State; Žip Code		
	not applicable				
	Principal Occupati	on (See Instructions)	Employer (See In	structions)	
	If I		AL COPIES OF THIS SCHED see instruction guide for ac	ULE AS NEEDED dditional 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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitatior/Fundraising Expense 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 o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Vote Yes on Prop K	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
10/15/2018	Thomas Graphics				
6 Amount (\$)	7 Payee address; City, State; Zip Code				
\$734.65	9501 N-IH 35 Austin, TX 78753				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office saught Office held			
Date	Payee name				
10/15/2018	Rumble Up				
Amount (\$)	Payee address; City; State; Zip Code				
\$378.00	2021 N L NW Washington, D.C. 20037				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Text Message Program	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
10/15/2018	Benezet Consulting, LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	3800 Creek Rd Dripping Springs, TX 78620				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Management & Labor Costs	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office saught Office held			
	ATTACH ADDITIONAL COPIES OF THIS	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B		Expense Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	*	Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
· <u>·</u>	Vote Yes on Prop K	<u> </u>
4 Date	5 Payee name	
10/17/2018	Lady Printing	
6 Amount (\$)	7 Payee address; City; State; Zip Code	•
\$322.97	PO Box 8429 Seminole, FI 33775	• .
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
•	,,,,,	Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Printing Expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	· .
10/19/2018	Local Voice Solutions, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	3800 Thompson St Austin, TX 78702	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Radio Advertisement Placement	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		
Date	Payee name	
10/22/2018	Rumble Up	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,516.67	2021 L St NW Washington, DC 20037	
	Category (See Categories listed at the top of this schedule)	Description
, pulpages		Check if travel outside of Texas. Complete Schedule T.
PURPOS E OF	Tant Manager Day	Check if Austin, TX, officeholder living expense
EXPENDITURE	Text Message Program *	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
<u></u>	ATTACH ADDITIONAL COPIES OF THIS	S 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 c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Vote Yes On Prop K	
4 Date	5 Payee name	•
10/23/2018	Rumble Up	<u> </u>
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,853.00	22021 L St NW Washington, DC 20037	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check il travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Toyt Monaga Broaram	Check if Austin, TX, officeholder living expense
EXTENDITIONE	Text Message Program	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/04/0012		
10/24/2018	City of Austin	
Amount (\$)	Payee address; City; State; Zip Code	
\$53.24	301 W. 2nd St Austin, TX 78701	
,	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Liada. Dill	Check if Austin, TX, afficeholder living expense
EM EMBILONE	Utility Bill	
Complete <u>QNLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/24/2018	Bill Matrix	·
Amount (\$)	Payee address; City; State; Zip Code	
\$3.49	8750 North Central Expressway Dallas, TX	75231
,	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	,	Check if travel outside of Texas. Complete Schedule T.
OF	Cradit Card Fac	Check if Austin, TX, officeholder living expense
EXPENDITURE	Credit Card Fee .	(
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
	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 Gitt/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)

Credit Gald Fayment	The instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Vote Yes on Prop K	
4 Date	5 Payee name	
10/25/2018	Lady Printing	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$322.97	PO 8ox 8429 Seminole, FL 33775	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	·	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXPENDITURE	Printing Expense	•
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/18/2018	Benezet Consulting, LLC	
Amount (\$)	Payee address; City; State; Zip Code	-
\$1,000.00	3800 Creek Rd Dripping Springs, TX 78620	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Management	·
· Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/18/2018	Benezet Consulting, LLC	
A	·	
Amount (\$)	Payee address; City; State; Zip Code	·
\$1,115.24	3800 Creek Rd Dripping Springs, TX 78620	
	Category (See Categories listed at the top of this schedule)	Description
	,	Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Labor Costs	·
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Oh		·
	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

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date	Vote Yes on Prop K 5 Payee name	
10/25/2018	Benezet Consulting, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
, ,		
\$6,998.88	3800 Creek Rd Dripping Springs, TX 78620	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Management and Labor .	Check if Austin, TX, officeholder living expense
EXICHOMONIC	ivianagement and Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10/27/2018	Google, Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$350.00	1600 Amphitheatre Parkway Mountain View, C	A 94043
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
EAFLINDITOTIC		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10/27/2018	Rumble Up	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,075.00	2021 L St NW Washington, DC 20037	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		☐ Check if travel outside of Texas. Complete Schedule T.
OF	Text Message Program	Check if Austin, TX, officeholder living expense
EXPENDITURE	Text Message Program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
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Revised 9/8/2015

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense 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) 4 TOTAL OF UNITEMIZED INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 8 Payee address; 7 Amount (\$) City; State; Zip Code TYPE OF **Political** Non-Political **EXPENDITURE** 10 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Pavee address: City: State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Tì	ne Instruction Guide explains how to complete this form.	1	Total pa	ges Schedule F3:	
2 FILER NAME		3	Filer ID	(Ethics Commission	Filers)
4 Date	5 Name of person from whom investment is purchased		-		
				,	<i></i>
	6 Address of person from whom investment is purchased; Cit	y:		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	y;		State;	Zip Code
		- -			
	Description of investment				
-	Amount of investment (\$)		,		
		<u>-</u>			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED	

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/Politica		Loan Repayment/Reimbursemer Office Overhead/Rental Expens Polling Expense Printing Expense Salaries/Wages/Contract Labor	ransportation Equipment & Related Expense Travel In District Travel Out Of District
ı	The Instruction Guide expla	ins how to complete this forn	n.
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPEOF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	nis schedule) (b) Desc	ription
PURPOSE		Cı	neck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Cr	neck if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held
A =			
Amount (\$)	Payee address; City; State;	Zip Code	·
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the		ription
PURPOSE OF			heck if travel outside of Texas. Complete Schedule T.
EXPENDITURE			heck if Austin, TX, officeholder living expense
•		·	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
			•
			•
,	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

City; State; Zip Code

City; State; Zip Code

City; State; Zip Code

(a) Category (See Categories listed at the top of this schedule) (b) Description

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

4 Date

8

Date

Date

Amount (\$)

Amount (\$)

6 Amount (\$)

PURPOSE

EXPENDITURE

9 Complete ONLY if direct

PURPOSE

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

> PURPOSE OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

expenditure to benefit C/OH

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

Office sought

Description

Office sought

Description

Office sought

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 H: 2 FILER NAME

Candidate / Officeholder name

Candidate / Officeholder name

Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name :

5 Business name

Business address;

Business name

Business address;

Business name

Business address;

olete this form.	
	3 Filer ID (Ethics Commission Filers)
-	
- -	of Texas. Complete Schedule T. officeholder living expense
e sought	Office held
¬	of Texas. Complete Schedule T. officeholder living expense
e sought	Office held
	of Texas. Complete Schedule T officeholder living expense
ce sought	Office held
J. J.L.	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
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 (\$)	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

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedul	le K:
2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Name of person from whom amount is received	8	3 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code) .
S	7 Purpose for which amount is received Check if	political contribution re	sturned 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 Check if	political contribution re	sturned to filer
ر 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 Check if	political contribution re	sturned 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 Check if	political contribution re	eturned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

						
	The Instru	action Guide	explains	how to complete th	is form.	1 Total pages Schedule T:
2	FILER NAME					3 Filer ID (Ethics Commission Filers)
4	Name of Contributor	Corporation	or Labor C	Organization / Pledgor /	Payee	
5	Contribution / Expend	liture reported	d on:			
	Schedule A2	Sche		Schedule B(J)	Schedule C2	Schedule D Schedule F1
	Schedule F2	_	edule F4		Schedule H	Schedule COH-UC Schedule B-SS
6	Dates of travel	7 Name o	f person(s	traveling		
		8 Departu	re city or n	ame of departure locat	ion	
		9 Destinat	ion city or	name of destination lo	cation	
10	Means of transportat	ion	11 Purpo	ose of travel (including	name of conference, s	eminar, or other event)
			<u> </u>	San and a district of the san and a san	/D	
	Name of Contributor	Corporation	or Labor C	Organization / Pledgor /	Payee	
	Contribution / Expend	liture reporțed	d on:			
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
	Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
	Dates of travel	Name c	f person(s	traveling		
		Departu	re city or r	name of departure locat	tion	
				F		
		Destinat	ion city or	name of destination lo	cation	
	Means of transportat	ion	Purp	ose of travel (including	name of conference, s	seminar, or other event)
			٠			
	Name of Contributor	/ Corporation	or Labor (Organization / Pledgor /	Payee	
			•			<i></i>
	Contribution / Expend	liture reported	d on:	_		_
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
	Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
	Dates of travel	Name o	of person(s	s) traveling		
,		Departu	re city or r	name of departure local	tion	
		Destinat	tion city or	name of destination lo	cation	
_	Means of transportat	ion .	Purp	ose of travel (including	name of conference, s	seminar, or other event)
						<u> </u>
			s.			
١.		A ⁻	ITACH A	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

OMMITTEE NAME					2 Filer ID (Ethics Co	ommission Filer
	•					
Affidavit of D	Dissolution					•
•			•		,	
I, the undersigned	ed campaign treas	surer, do not expe	ct the occurrence	of any fu	rther reportable	activity by
this political con	nmittee for this or	any other campa	ian or election for	which re	porting under th	e Election
•	d. I declare that al	-	_			
•			•	•		-
understand that	designating a repo	ort as a dissolution	n report terminate:	s the appo	pintment of camp	baign trea-
surer. I further u	understand that a j	political committe	e may not make o	r authoriz	e political exper	nditures or
accent political o	contributions witho	out having an appo	nintment of campa	ion treasu	irer on file	
accept positions		ot naring an app	on our or our pu	ng., nodoc		
•						
			•			
			<u> </u>			
			Signatu	ire of Cami	oaign Treasurer	
•						
					ESS POLITICAL	
			COMMITT	EE IS IO	BE DISSOLVED	'
						•
•						
						·
	·	·			· · · ·	
AFEIY NIOTA BY STAAM	D/SSALABOVS	·				
AFFIX NOTARY STAME	P/SEALABOVE	·			· ,	
AFFIX NOTARY STAME	P/SEALABOVE				· · · · ·	·
AFFIX NOTARY STAME	P/SEALABOVE					
	P/SEALABOVE ibed before me, by t	the said		, this	the	_ day of
vorn to and subscri	ibed before me, by t		•		the	_ day of
worn to and subscri			•		the	_ day of
worn to and subscri	ibed before me, by t		•		the	_ day of
worn to and subscri	ibed before me, by t		•		the	_ day of
worn to and subscri	ibed before me, by t		•		the	_ day of
vorn to and subscri	ibed before me, by t	which, witness my h	•	ce.	the	
vorn to and subscri	ibed before me, by t	which, witness my h	and and seal of offi	ce.		
vorn to and subscri	ibed before me, by t	which, witness my h	and and seal of offi	ce.		