

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080702	2 Total pages filed: 17						
3 COMMITTEE NAME MEGAPHONE			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/29/2018 OCC RECEIVED AT OCT 29 '18 PM 2:28 Date Hand-delivered or Date Postmarked <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 341028 Austin, TX 78734								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Luke <hr/> NICKNAME LAST SUFFIX McAlpin								
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3595 RR 620 S Ste. 200 Austin, TX 78738								
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 341028 Austin, TX 78734								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (662) 350-3711								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff								
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2018 THROUGH 10/27/2018								
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/06/2018 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special								

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME MEGAPHONE		13 Filer ID (Ethics Commission Filers) 00080702	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jim Spigener Lone Star Groundwater Conservation District PI 2	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 49,659.66
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 85,790.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 125,024.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Luke McAlpin

Signature of Campaign Treasurer

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

**FORM GPAC
ADDENDUM**

Page 3 of 17

12 COMMITTEE NAME MEGAPHONE		13 Filer ID (Ethics Commission Filers) 00080702	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jon Paul Bouche Lone Star Groundwater Conservation District PI 3	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jonathan Pryskryl Lone Star Groundwater Conservation District PI 4
B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)		A. Supported	
		B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Harry Hardman Lone Star Groundwater Conservation District PI 5
	B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

**FORM GPAC
ADDENDUM**

Page 4 of 17

12 COMMITTEE NAME MEGAPHONE		13 Filer ID (Ethics Commission Filers) 00080702	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Webb Melder Lone Star Groundwater Conservation District PI 6	
		B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Larry Rogers Lone Star Groundwater Conservation District PI 7
B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)		A. Supported	
		B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
	B. Opposed Steve Adler City of Austin Mayor		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME MEGAPHONE		18 Filer ID 00080702	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	49,659.66
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 C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	75,331.48
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	10,458.75
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<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: Sch: 1/1 Rpt: 6/17
2 FILER NAME MEGAPHONE		3 Filer ID (Ethics Commission Filers) 00080702
4 Date 10/17/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Robert	7 Amount of Contribution (\$) \$20,000.00
	6 Contributor address; City; State; Zip Code 5000 Plaza on the Lake Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) General Partner		9 Employer (See Instructions) PCM LLC
Date 10/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quadvest	Amount of Contribution (\$) \$29,659.66
	Contributor address; City; State; Zip Code 26926 FM 2978 Magnolia, TX 77354	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/7 Rpt: 7/17		2 FILER NAME MEGAPHONE		3 Filer ID (Ethics Commission Filers) 00080702	
4 Date 07/23/2018		5 Payee name AMERICAN PATRIOTS PAC			
6 Amount (\$) \$30,000.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 6653 BARNABY STREET NW WASHINGTON, DC 20015			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to federal PAC	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 07/20/2018		Payee name Conquest Communications			
Amount (\$) \$6,975.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 2812 Emerywood Pky Ste 103 Richmond, VA 23294			
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 Federal Election Research and Polling	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/26/2018		Payee name Go Big Media Inc			
Amount (\$) \$4,995.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1350 Connecticut Ave NW Ste 400 Washington, DC 20036			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Production of Political Ad in opposition to S. Adler	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 2/7 Rpt: 8/17		2 FILER NAME MEGAPHONE		3 Filer ID (Ethics Commission Filers) 00080702	
4 Date 10/19/2018		5 Payee name Lawson Strategies LLC			
6 Amount (\$) \$4,519.11 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code 1115 Kinney Ave Unit 5 Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Design Print and Postage for Mailer	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Spigener, Jim		Office sought Lone Star Groundwater	
Date 10/19/2018		Payee name Lawson Strategies LLC			
Amount (\$) \$4,519.11 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1115 Kinney Ave Unit 5 Austin, TX 78704			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Design Print and Postage for Mailer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Bouche, Jon Paul		Office sought Lone Star Groundwater	
Date 10/19/2018		Payee name Lawson Strategies LLC			
Amount (\$) \$4,519.11 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 1115 Kinney Ave Unit 5 Austin, TX 78704			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Design Print and Postage for Mailer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Pryskryl, Jonathan		Office sought Lone Star Groundwater	

POLITICAL EXPENDITURES 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: Sch: 3/7 Rpt: 9/17	2 FILER NAME MEGAPHONE	3 Filer ID (Ethics Commission Filers) 00080702
4 Date 10/19/2018	5 Payee name Lawson Strategies LLC	
6 Amount (\$) \$4,519.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1115 Kinney Ave Unit 5 Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Design Print and Postage for Mailer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hardman, Harry	Office sought Lone Star Groundwater Office held
Date 10/19/2018	Payee name Lawson Strategies LLC	
Amount (\$) \$4,519.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1115 Kinney Ave Unit 5 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Design Print and Postage for Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Melder, Webb	Office sought Lone Star Groundwater Office held
Date 10/19/2018	Payee name Lawson Strategies LLC	
Amount (\$) \$4,519.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1115 Kinney Ave Unit 5 Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Design Print and Postage for Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Rogers, Larry	Office sought Lone Star Groundwater Office held

POLITICAL EXPENDITURES 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: Sch: 4/7 Rpt: 10/17	2 FILER NAME MEGAPHONE	3 Filer ID (Ethics Commission Filers) 00080702
4 Date 07/23/2018	5 Payee name SB Strategic Consulting Inc	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 371553 Las Vegas, NV 89137	
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 Fundraising Consultant
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2018	Candidate/Officeholder name Office sought Office held	
Payee name Tusk Digital		
Amount (\$) \$759.82 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 718 7th St NW 2nd Floor Washington, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2018	Candidate/Officeholder name Office sought Office held	
Payee name Tusk Digital		
Amount (\$) \$297.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 718 7th St NW 2nd Floor Washington, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2018	Candidate/Officeholder name Office sought Office held	
Payee name Tusk Digital		
Amount (\$) \$297.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 718 7th St NW 2nd Floor Washington, DC 20001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Website Hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 5/7 Rpt: 11/17		2 FILER NAME MEGAPHONE		3 Filer ID (Ethics Commission Filers) 00080702	
4 Date 07/10/2018		5 Payee name WELLS FARGO BANK NA			
6 Amount (\$) \$70.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code PO BOX 6995 PORTLAND, OR 97228			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/08/2018		Payee name WELLS FARGO BANK NA			
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code PO BOX 6995 PORTLAND, OR 97228			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/11/2018		Payee name WELLS FARGO BANK NA			
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code PO BOX 6995 PORTLAND, OR 97228			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 6/7 Rpt: 12/17		2 FILER NAME MEGAPHONE		3 Filer ID (Ethics Commission Filers) 00080702	
4 Date 10/09/2018		5 Payee name WELLS FARGO BANK NA			
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code PO BOX 6995 PORTLAND, OR 97228			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/17/2018		Payee name WELLS FARGO BANK NA			
Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code PO BOX 6995 PORTLAND, OR 97228			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/18/2018		Payee name WELLS FARGO BANK NA			
Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code PO BOX 6995 PORTLAND, OR 97228			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 7/7 Rpt: 13/17		2 FILER NAME MEGAPHONE		3 Filer ID (Ethics Commission Filers) 00080702	
4 Date 10/19/2018		5 Payee name WELLS FARGO BANK NA			
6 Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code PO BOX 6995 PORTLAND, OR 97228			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
Date 10/26/2018		Payee name WELLS FARGO BANK NA			
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code PO BOX 6995 PORTLAND, OR 97228			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 1/4 Rpt: 14/17	2 FILER NAME MEGAPHONE	3 Filer ID (Ethics Commission Filers) 00080702
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 07/06/2018	6 Payee name RightSide Compliance
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7 Amount (\$) \$1,395.00	8 Payee address; City; State; Zip Code PO Box 341027 Austin, TX 78734
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9 TYPE OF EXPENDITURE	<input checked="" 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) 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 Compliance and Reporting Consulting
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/05/2018	Payee name RightSide Compliance
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Amount (\$) \$2,497.50	Payee address; City; State; Zip Code PO Box 341027 Austin, TX 78734
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 Compliance and Reporting Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 2/4 Rpt: 15/17	2 FILER NAME MEGAPHONE	3 Filer ID (Ethics Commission Filers) 00080702
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 09/05/2018	6 Payee name RightSide Compliance
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7 Amount (\$) \$1,012.50	8 Payee address; City; State; Zip Code PO Box 341027 Austin, TX 78734
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9 TYPE OF EXPENDITURE	<input checked="" 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) 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 Compliance and Reporting Consulting
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2018	Payee name RightSide Compliance
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Amount (\$) \$967.50	Payee address; City; State; Zip Code PO Box 341027 Austin, TX 78734
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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 Compliance and Reporting Consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 3/4 Rpt: 16/17	2 FILER NAME MEGAPHONE	3 Filer ID (Ethics Commission Filers) 00080702
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 07/02/2018	6 Payee name The Gober Group
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7 Amount (\$) \$712.75	8 Payee address; City; State; Zip Code PO BOX 341016 AUSTIN, TX 78734
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9 TYPE OF EXPENDITURE	<input checked="" 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) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/02/2018	Payee name The Gober Group
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Amount (\$) \$261.00	Payee address; City; State; Zip Code PO BOX 341016 AUSTIN, TX 78734
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 4/4 Rpt: 17/17	2 FILER NAME MEGAPHONE	3 Filer ID (Ethics Commission Filers) 00080702
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 09/12/2018	6 Payee name The Gober Group	
7 Amount (\$) \$3,612.50 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code PO BOX 341016 AUSTIN, TX 78734	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
11 Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		