#### FORM GPAC **GENERAL-PURPOSE COMMITTEE COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 17 00080702 3 COMMITTEE NAME **OFFICE USE ONLY MEGAPHONE** Date Received **ELECTRONICALLY FILED** 10/29/2018 OCC RECEIVED AT COMMITTEE ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE OCT 29'18 PM2:28 **ADDRESS** P.O. Box 341028 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78734 Receipt # Amount Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST TREASURER Mr. Luke NAME NICKNAME LAST SUFFIX McAlpin APT / SUITE #; STATE: ZIP CODE CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); CITY; **TREASURER** 3595 RR 620 S STREET **ADDRESS** Ste. 200 (Residence or Business) Austin, TX 78738 STREET OR PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE CAMPAIGN TREASURER P.O. Box 341028 MAILING **ADDRESS** Austin, TX 78734 Change of Address PHONE NUMBER **EXTENSION** CAMPAIGN AREA CODE TREASURER (662) 350-3711 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) TYPE 8th day before election 10th day after campaign treasurer termination July 15 Runoff 10 PERIOD Day Year Month Day Year COVERED **THROUGH** 10/27/2018 07/01/2018 **ELECTION TYPE ELECTION DATE** 11 ELECTION Month Day Year Primary Other Runoff 11/06/2018 χ General Special

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		<u> </u>		13 Filer	ID	(Ethics Commission Filers)
MEGAPHONE	•			0008	30702	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jim Spigener Lone Star Grou	ındwater	Conse	rvation District PI 2
	application, Gassily by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported	<u> </u>			<del></del>
	(Describe by date and location of election and nature of issue.)					
		B. Opposed		<u> </u>	. <b>.</b>	
	3. Officeholders				· · · · ·	
	Assisted					
	((dentify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS,	OR GUARAN	CONTRIBUTIONS (OTHER THAN ITEES OF LOANS) higher itemization threshold		\$	0.00
	2. TOTAL POLITICA				\$	40.000.00
	(OTHER THAN PLE	DGES, LOAN	IS, OR GUARANTEES OF LOANS)		•	49,659.66
EXPENDITURE TOTALS	3. TOTAL POLITICAL E	XPENDITUR	RES OF \$100 OR LESS, UNLESS ITE	MIZED	\$	0.00
	4. TOTAL POLITICA	L EXPENDI	ITURES		\$	85,790.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING		ONS MAINTAINED AS OF THE LAST	T DAY	\$	125,024.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		ALL OUTSTANDING LOANS AS OF PERIOD	THE	\$	0.00
16 AFFIDAVIT						
			I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	erjury, the ermation r	at the ac equired	ccompanying report is to be reported by me
			Mr. Lui	ke McAlp	oin	
			Signature of C	ampaign	Treasure	Br.
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			this the		day
			s my hand and seal of office.			
Signature of officer ad	ministoring oath	Drinted name	of officer administering oath	Titlo	of office	ar administering oath
Signature of officer add	immatering vatir	riineu name	or unicer auminiscering caur	riue	OI OINCE	er administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

# FORM GPAC

Page 3 of 17

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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

# FORM GPAC

Page 4 of 17

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12 COMMITTEE NAME MEGAPHONE			·		13 Filer ID 00080702	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	]	Webb Melder	Lone Star Ground	lwater Conserva	ation District PI 6
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported			<del></del>	
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				,
	Officeholders     Assisted (Identify by name or, if			<del></del>	<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Larry Rogers	Lone Star Ground	water Conserva	ation District PI 7
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures     (Describe by date and location of election and	A. Supported				
	nature of issue.)	B. Opposed	<u> </u>			<u> </u>
			<u> </u>			
	Officeholders     Assisted     (Identify by name or, if					
	applicable, classify by party.)	<u></u> _				<u> </u>
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Steve Adler (	City of Austin Mayo	er.	
	2. Measures	A. Supported		<del> </del>	·	**************************************
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders     Assisted					
	(Identify by name or, if applicable, classify by party.)					
	<u></u>	<del></del>	<del></del>			

# **SUBTOTALS - GPAC**

### FORM GPAC COVER SHEET PG 3 5 of 17

17 COMMITT MEGAPH		18 Filer ID 00080702	(Ethics Commission Filers)							
	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE									
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS									
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
з. 🗌	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$							
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$							
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$							
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$							
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$							
9.	9. SCHEDULE E: LOANS									
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 75,331.48							
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 10,458.75							
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
í3. 🔲	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$							

MONE	TARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
The insti		s form.	<ol> <li>Total pages Schedule A1: Sch: 1/1 Rpt: 6/17</li> <li>Filer ID (Ethics Commission Filers) 00080702</li> </ol>
4 Date 10/17/201	6 Contributor address; City; State; Zip Code 5000 Plaza on the Lake Austin, TX 78746		7 Amount of Contribution (\$) \$20,000.00
8 Principal of General P	cupation / Job title (See Instructions) artner	9 Employer (See Instructions PCM LLC	)
Date 10/18/201		#:	Amount of Contribution (\$) \$29,659.66
Principal oc	ecupation / Job title (See Instructions)	Employer (See Instructions	)
Forms provide	ed by Texas Ethics Commission www.eth	ics.state.tx.us	Version V1.0.628

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Accounting/Banking Consulting Expense

Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if Austin, TX, officeholder living expense

Production of Political Ad in opposition to S. Adler

Office held

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Relmbursement 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	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 8/17	MEGAPHONE	00080702
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·
10/19/2018	Lawson Strategies LLC	•
6 Amount (\$)	7 Payee address; City; State; Zip 6	Code
\$4,519.11	1115 Kinney Ave	
	Unit 5	
Expenditure from corporate funds	Austin, TX 78704	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	·	Check if Austin, TX, officeholder living expense  Design Print and Postage for Mailer
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9 Complete ONLY if direct	Candidate/Officeholder name Office s	bught Office held
expenditure to benefit C/OI	1	tar Groundwater
Date	Payee name	
10/19/2018	Lawson Strategies LLC	
Amount (\$)	Payee address; City; State; Zip (	Code
\$4,519.11	1115 Kinney Ave	
	Unit 5	
Expenditure from corporate funds	Austin, TX 78704	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EM BINDIVOILE		Check if Austin, TX, officeholder living expense  Design Print and Postage for Mailer
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Complete ONLY if direct	Candidate/Officeholder name Office s	Dught Office held
expenditure to benefit C/OI		tar Groundwater
Date	Payee name	
10/19/2018	Lawson Strategies LLC	
Amount (\$)	Payee address; City; State; Zip (	Code
\$4,519.11	1115 Kinney Ave	
	Unit 5	
Expenditure from corporate funds	Austin, TX 78704	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
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expenditure to benefit C/OI	1 &	tar Groundwater
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### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services		Wages	Contract Labor		OTHER (enter a	category not listed above)
Orean Cana r aymone		The Instruction Guide	explains how to	comple	te this form.			
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 3/7 Rpt: 9/17	MEGAPHO	NE					00080702	
4 Date	5 Payee name							
10/19/2018	Lawson Stra	ategies LLC						
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\$4,519.11	1115 Kinne	y Ave						
	Unit 5							
Expenditure from corporate funds	Austin, TX 7	78704						
8 PURPOSE	(a) Category (Se	e Categories listed at the to	p of this schedule)	(b)	Description			
OF EXPENDITURE	Advertising	Expense			<u></u>			plete Schedule T.
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9 Complete ONLY if direct		ceholder name	Office so	ought	<del> </del>		Office h	eld
expenditure to benefit C/O	<sup>H</sup> Hardman, Ha	ırry	Lone S	tar Gr	oundwater			
Date	Payee name							
10/19/2018	Lawson Stra	ategies LLC						
Amount (\$)	Payee addres	ss; City;	State; Zip (	>ode				
\$4,519.11	1115 Kinne	y Ave						
Evnanditura fram	Unit 5							
Expenditure from corporate funds	Austin, TX 7	78704						
PURPOSE	(a) Category (Se	e Categories listed at the to	p of this schedule)	(b)	Description			
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Expenditure from	Unit 5							
corporate funds	Austin, TX 7	78704						
PURPOSE		ee Categories listed at the to	p of this schedule)	(b)	Description			
OF EXPENDITURE	Advertising	Expense		ŀ	Check if travel		ide of Texas. Com , officeholder living	•
·					Design Print		•	•
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expenditure to benefit C/OH Rogers, Larry

Candidate/Officeholder name

Complete ONLY if direct

Office sought

Lone Star Groundwater

Office held

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expl		Vages	/Contrect Labor		OTHER (enter a	category not listed al	bove)
1 Total pages Schedule F1:	2 FILER NAM	<del></del>	<del></del>		·	3	Filer ID	(Ethics Commiss	sion Filers)
Sch: 4/7 Rpt: 10/17	MEGAPHO	•					00080702	`	
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07/23/2018		ic Consulting Inc							
6 Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	de					
\$5,000.00	PO Box 37	1553							
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Expenditure from corporate funds	Las Vegas	, NV 89137							
8 PURPOSE	(a) Category (	See Categories listed at the top of t	his schedule)	(b)	Description				
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Expenditure from	2nd Floor								
corporate funds	Washingto	n, DC 20001							
PURPOSE	(a) Category (	See Categories listed at the top of the	nic cohodula)	(b)	Description	-		,	
OF	1	rhead/Rental Expense	ns sureupe;	ı` <i>'</i>		outsi	ide of Texas, Com	plete Schedule T.	
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\$297,00	718 7th St	· •							
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corporate funds	Washingto	n, DC 20001							
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expenditure to benefit C/OI		BOSTONOSI HOUTE	Once Suu	ıgııl			Onice III	-iu	
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### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Food/Beverage Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Se	uds/Memorials Expe ervices struction Guide			Wages	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
┝	Total pages Schedule F1:	2	CH ED NAME							T3	Filer ID	(Ethics Commission Filers	
	Sch: 5/7 Rpt: 11/17	-	MEGAPHO								00080702	(Ediko Çominission i ikil	"
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4	Date	5	Payee name						ı				
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	\$70.00		PO BOX 69	95									
$ldsymbol{ld}}}}}}}}}$	- G												
	Expenditure from corporate funds		PORTLAND	o, OR	97228								
8	PURPOSE	(a)	Category (s	ee Cateo	ories listed at the top	of this sche	etide)	(b)	Description				
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	expenditure to benefit C/OI	4						<u> </u>					
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╟	Expenditure from												
ᆫ	corporate funds	<u> </u>	PORTLAND	o, or	97228						<u> </u>		
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									Bank Fee	1, T.X	, officeholder living	) expense	
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### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Political Credit Card Payment	l Committee	Legal Services The Instruction (	Salarie Guide explains how to	_	Contract Labor ete this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER	NAME	<del>,</del>	············		3	Filer ID	(Ethics Commission Filers)
	Sch: 6/7 Rpt: 12/17	MEG	APHONE					00080702	-
4	Date	5 Payee	name			•			
	10/09/2018	WELI	S FARGO BANK N	٠					
6	Amount (\$) \$10.00		e address; City; OX 6995	State; Zip	Code				
L	corporate funds	POR	TLAND, OR 97228						
8	PURPOSE OF EXPENDITURE	(a) Categ Fees	Ory (See Categories listed a	t the top of this schedule)	(b)	<u></u>		ide of Texas. Com, officeholder living	plete Schedule T. g expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate/Officeholder name	Office s	ought			Office he	eld
	Date	Payee	name						
	10/17/2018	WELI	LS FARGO BANK NA	4					
	Amount (\$) \$15.00		address; City; OX 6995	State; Zip	Code				
╟	Expenditure from corporate funds	POR'	TLAND, OR 97228						
	PURPOSE OF EXPENDITURE	(a) Categ Fees	Ofy (See Categories listed a	t the top of this schedule)	(b)	ليبيا		ide of Texas, Com , officeholder living	plete Schedule T. 3 expense
	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholder name	Office s	ought			Office he	eld
Г	Date	Payee	name						
	10/18/2018	WELI	LS FARGO BANK NA	A					
	Amount (\$) \$15.00		address; City; OX 6995	State; Zip	Code				
L	corporate funds	POR	TLAND, OR 97228						
	PURPOSE OF EXPENDITURE	(a) Categ Fees	OPY (See Categories listed &	t the top of this schedule)	(b)	Description Check if travel Check if Austin Bank Fee		ide of Texas. Com, officeholder living	•
	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholder name	Office s	ought			Office he	eld

#### SCHEDULE F1

Solicitation/Fundraising Expense

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Sch: 7/7 Rpt: 13/17 **MEGAPHONE** 00080702 4 Date Payee name 10/19/2018 WELLS FARGO BANK NA State; Zip Code Amount (\$) Payee address; City: \$30.00 PO BOX 6995 Expenditure from PORTLAND, OR 97228 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Fee Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/26/2018 WELLS FARGO BANK NA Amount (\$) Payee address; City; State; Zip Code \$30.00 PO BOX 6995 Expenditure from PORTLAND, OR 97228 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Fee Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Transportation Equipment & Related Expense Travel in District Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Contributions/ Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME **MEGAPHONE** 00080702 Sch: 1/4 Rpt: 14/17 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ Date 6 Payee name 07/06/2018 RightSide Compliance Payee address; City; State; Zip Code Amount (\$) \$1,395.00 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds TYPE OF Non-Political X Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance and Reporting Consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/05/2018 RightSide Compliance Payee address; State; Zip Code Amount (\$) \$2,497.50 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds TYPE OF Non-Political X Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance and Reporting Consulting Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Food/Beverage Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) **MEGAPHONE** 00080702 Sch: 2/4 Rpt: 15/17 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 09/05/2018 RightSide Compliance 7 Amount (\$) Payee address; City; State; Zip Code \$1,012.50 PO Box 341027 Expenditure from Austin, TX 78734 corporate funds TYPE OF X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Compliance and Reporting Consulting Office held 11 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/04/2018 RightSide Compliance Payee address; State; Zip Code Amount (\$) City; \$967.50 PO Box 341027 Expenditure from corporate funds Austin, TX 78734 TYPE OF Non-Political X Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **PURPOSE** (b) Description OF Check if travel outside of Texas, Complete Schedule T. Consulting Expense EXPENDITURE Check if Austin, TX, officeholder living expense Compliance and Reporting Consulting Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Food/Beverage Expense Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Me emorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 2 FILER NAME 00080702 Sch: 3/4 Rpt: 16/17 **MEGAPHONE** TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 07/02/2018 The Gober Group Payee address; City; State; Zip Code Amount (\$) \$712.75 PO BOX 341016 Expenditure from **AUSTIN, TX 78734** corporate funds TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense Legal Services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/02/2018 The Gober Group City; State; Zip Code Amount (\$) Payee address; \$261.00 PO BOX 341016 Expenditure from AUSTIN, TX 78734 corporate funds TYPE OF Х Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas, Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 17/17 **MEGAPHONE** 00080702 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 09/12/2018 The Gober Group Amount (\$) Payee address; City; State; Zip Code PO BOX 341016 \$3,612.50 Expenditure from AUSTIN, TX 78734 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Version V1,0.6283 Forms provided by Texas Ethics Commission www.ethics.state.tx.us