

# 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) <b>00083118</b>	2 Total pages filed: <b>6</b>
3 COMMITTEE NAME <b>Austin DSA In Action</b>			<b>OFFICE USE ONLY</b>  Date Received  <b>OCC RECEIVED AT NOV 30 '18 PM 2:26</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE <b>2709 E. 13th St. Apt E</b> <b>Austin, TX 78702</b>		
5 CAMPAIGN TREASURER NAME  <input type="checkbox"/> Change of Address	MS / MRS / MR    FIRST    MI <b>Mr Michael L</b> NICKNAME    LAST    SUFFIX <b>Nachbar</b>		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #:    CITY:    STATE:    ZIP CODE <b>2709 E 13th St. Apt E</b> <b>Austin, TX 78702</b>		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX:    APT / SUITE #:    CITY:    STATE:    ZIP CODE <b>2709 E. 13th St. Apt. E Austin, TX 78702</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION <b>(302) 545-9252</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DH) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input checked="" type="checkbox"/> Runoff		
10 PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year <b>10 / 29 / 2018</b> <b>11 / 28 / 2018</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month    Day    Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>12 / 7 / 2018</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

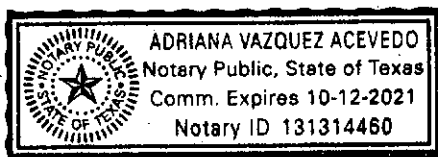
FORM GPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Austin DSA In Action 13 Filer ID (Ethics Commission Filers) 00083118

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 <u>Lewis Conway, Julie Am Nitsch</u> B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported <u>Prop A</u> 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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1235.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1227.50</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>750</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

## 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.

Michael P. Nachbar

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael L. Nachbar, this the 30th day of November, 20 18, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Adriana Vazquez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>		2 FILER NAME <b>Austin DSA In Action</b>		3 Filer ID (Ethics Commission Filers) <b>00083118</b>	
4 Date <b>11/4/18</b>		5 Payee name <b>SonicPrint</b>			
6 Amount (\$) <b>1,200.00</b>		7 Payee address; City; State; Zip Code <b>425 East Spruce St. Tarpon Springs, FL 34689</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/9/18</b>		Payee name <b>ActBlue</b>			
Amount (\$) <b>27.50</b>		Payee address; City; State; Zip Code <b>366 Summer St. Somerville, MA 02144</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Soliciting / Fundraising 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

**Austin DSA In Action**

3 Filer ID (Ethics Commission Filers)

**000 83118**

4 Date

**10/29/18**

5 Full name of contributor

**Wyatt Walker**

☐ out-of-state PAC (ID#):

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City: State: Zip Code

**6805 Ubal Hollow Dr. #117 Austin, TX 78731**

8 Principal occupation / Job title (See Instructions)

**Software Engineer**

9 Employer (See Instructions)

**Rapid7**

Date

**10/31/18**

Full name of contributor

**Kaitlin Schneider**

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

**25.00**

Contributor address;

City: State: Zip Code

**615 W N Loop Blvd Apt C Austin, TX 78751**

Principal occupation / Job title (See Instructions)

**Workflow Analyst**

Employer (See Instructions)

**Healthcare Control Systems**

Date

**11/1/18**

Full name of contributor

**David Pinkham**

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

**10.00**

Contributor address;

City: State: Zip Code

**3700 Hollywood Ave. Austin, TX 78722**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/3/18**

Full name of contributor

**Sam Stone**

☐ out-of-state PAC (ID#):

Amount of contribution (\$)

**50.00**

Contributor address;

City: State: Zip Code

**1404 Algeria Rd. Austin, TX 78757**

Principal occupation / Job title (See Instructions)

**Not employed**

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Austin DSA In Action		3 Filer ID (Ethics Commission Filers) 00083118
4 Date 11/9/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Chau Ngo 6 Contributor address; City; State; Zip Code 2121 Dickson Dr. Apt. 334 Austin, TX 78704	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Admin Associate		9 Employer (See Instructions) UT Austin
Date 11/2/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Michael Nachbar Contributor address; City; State; Zip Code 2709 E. 13th St. Apt E Austin, TX 78702	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Dell
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# SUBTOTALS - GPAC

FORM GPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <b>Austin DSA In Action</b>		18 Filer ID (Ethics Commission Filers) <b>00083118</b>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>1235.00</b>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>1227.50</b>
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$