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) 00066477						2 Total pages filed:		
3 COMMITTEE NAME						OFFI	CE US	E ONLY
Stonewall Democrats of Austin						Date Received	<u></u>	
						Pare Kerewen	ncc	RECEIVED (
COMMITTEE	ADDRESS / PO BOX; APT / SUITE	#; CITY	STAT	E; ZIP (CODE			3'18 PM3:1
ADDRESS	P. O. Box 40898			-		Date Hand-deliv		
Change of Address								
Clarge or Partiess	Austin, TX 78704					Receipt#	ľ	Amount
						Date Processed	·	
						Date Imaged		
5 CAMPAIGN	MS/MRS/MR FIRST					MI		
TREASURER NAME	Mr. Rich	Mr. Rich						
	NICKNAME LAST Bailey		uwa mikuwa a Di danipila i Di Gili	44 H 744 1 92 4 74 14 1 474 1 14 12 VIIV		SUFFIX		
CAMBAICN	CTREET ADDRESS (NO DO BOY DIE	FACE\.	AD	T / SUITE #;	CITY:		STATE	: ZIP CODE
TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLE 7107 Tawny Circle	EASE);	AP	1750HE#,	CITT,		SIAIC	, ZIP CODE
(Residence or Business)	Austin, TX 78745-6426			, ,				·
CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; PO Box 2062		Al	PT / SUITE #;	CITY;		STAT	E; ZIP CODE
Change of Address	Austin, TX 78768-2062							
B CAMPAIGN	AREA CODE PHONE NUMB	BER EX	CTENSION					
TREASURER PHONE	(512) 771-3538				,			
REPORT TYPE	January 15	30th	day before elec	ction		Dissolution	(Attach P	AC-DR)
	July 15	Rune	lay before elect	ion,		10th day aft termination		ign treasurer
LO PERIOD	Month Day Year			Month	Day	Year		
COVERED	10/28/2018	THR	ROUGH		/01/2018			
1 ELECTION	ELECTION DATE			ELECTION 1	YPE	 .		
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	12/11/2018	 ∏Ger	neral	Special				
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		GO TO	PAGE 2					
orms provided by Te	xas Ethics Commission v	www.ethi	cs.state.tx.u	S			Versio	n V1.1.eaf48eb

COVER SHEET PG 2 PURPOSE AND TOTALS 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 00066477 Stonewall Democrats of Austin 14 COMMITTEE A. Supported Natasha Harper-Madison Austin City Council, District 1 ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location B. Opposed 3. Officeholders **Assisted** (identify by name or, if applicable, classify by party.) 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 15 CONTRIBUTION \$ 210.00 PLEDGES, LOANS, OR GUARANTEES OF LOANS) **TOTALS** x check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS \$ 210.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 18.32 **TOTALS** 4. TOTAL POLITICAL EXPENDITURES \$ 616.31 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION 2,330.40 BALANCE OF THE REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE ŝ LAST DAY OF THE REPORTING PERIOD 0.00 LOAN TOTALS 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. **ALEJANDRO MEDINA** Notary Public, State of Texas Comm. Expires 08-15-2022 Notary ID 131684514 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Richard Bailey ____, 20____, to certify which, witness my hand and seal of office. officer administering oath www.ethics.state.tx.us Version V1.1.eaf48eb9 Forms provided by Texas Ethics Commission

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPOSE	JRPOSE CON	AMILIEE	REPOR	ı:		ADDENDUM
						Page 3 of 7
2 COMMITTEE NAME	of Augstin				13 Filer ID	(Ethics Commission Filers)
Stonewall Democrats	 	Ti a i i i	<u>.</u>		00066477	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sabino Renti	eria Austin City C	Council, District 3	
(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	derlada escribir esc	<u></u>		
		B. Opposed				
	Officeholders Assisted			·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Paige Ellis A	ustin City Counc	ll, District 8	
(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 (Identify by name or, if	-		·		
COLMUTTEE	applicable, classify by party.)		Arasi Ciamb	AISD Board of Tru	vetano Dines O	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Arau Siligir 7	NOD BOARD OF TH	151 66 5, Flace 3	
(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				<u>, , , , , , , , , , , , , , , , , , , </u>
	Officeholders Assisted (Identify by name or, if		· · · · · · · · · · · · · · · · · · ·			
	applicable, classify by party.) Ethics Commission		ethics.state.b	(1)0		Version V1.1.eaf48

(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.)	3. Opposed A. Supported B. Opposed	13 Filer ID (Ethics Commission Filers) 00066477 CC Board of Trustees, Place 8
1. Candidates ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and realize of issue.) B 3. Officeholders Assisted	3. Opposed A. Supported B. Opposed	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B 3. Officeholders Assisted	3. Opposed A. Supported B. Opposed	CC Board of Trustees, Place 8
(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	3. Opposed A. Supported B. Opposed	
2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	A. Supported B. Opposed	
(Describe by date and location of election and nature of issue.) B. 3. Officeholders Assisted	3. Opposed	
3. Officeholders Assisted		
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FORM GPAC **SUBTOTALS - GPAC COVER SHEET PG 3** 17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) 00066477 Stonewall Democrats of Austin 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS S 210.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR s 5. LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR 7. \$ **ORGANIZATION** SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 616.31 10. X \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Loan Repar Feas Office Over Food/Beveraga Expense Printing Exp Gilti/Awards/Memorials Expense Printing Exp

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
OTHER (other a soliceous and listed above)

Candidate/Officeholder/Politics Credit Card Payment	Al 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 6/7	Stonewall Democrats of Austin 00066477			
4 Date	5 Payee name			
11/28/2018	Ellis, Paige			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$100.00	P. O. Box 160233			
Expenditure from corporate funds	Austin, TX 78716-0233			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign donation			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	H Ellis, Paige Austin City Council District 8			
Date	Payee name			
11/28/2018	Gharakhanian, Stephanie			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.00	9459 Singing Quail Dr			
Expenditure from corporate funds	Austin, TX 78758-6134			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee Campaign donation			
		•		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	Gharakhanian, Stephanie ACC Board of Trustees Place 8			
Date	Рауве пате			
11/28/2018	Harper-Madison, Natasha			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.00	2903 E 12th St.			
Expenditure from corporate funds	Austin, TX 78702			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee			
	Campagn donaton			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
expenditure to benefit C/OH Harper-Madison, Natasha Austin City Council District 1				
		أحسب		

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Event Expense Food/Beverage Expens Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services 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: 2/2 Rpt: 7/7 Stonewall Democrats of Austin 00066477 4 Date Pavee name 11/03/2018 Office Max Payee address; State; Zip Code 6 Amount (\$) City; \$97.99 907 West 5th St Ste 101 Expenditure from Austin, TX 78703-5427 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Printing Expense EXPENDITURE Check if Austin, TX, officeholder living expense Printer ink Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/28/2018 Renteria, Sabino Amount (\$) Payee address; City; State; Zip Code \$100.00 1511 Haskell St Expenditure from Austin, TX 78702-5311 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 Campaign donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Renteria, Sabino **Austin City Council District 3** Date Рауее пате 11/28/2018 Singh, Arati Payee address; State; Zip Code Amount (\$) City: \$100.00 8101 Cobblestone Dr

		<u> </u>		
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	Singh, Arati	AISD Board of Trustees Place 9		

Austin, TX 78735-7902

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

Candidate/Officeholder/Political Committee

Contributions/Donations Made By

Expenditure from

corporate funds

OF

EXPENDITURE

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Campaign donation