

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>24</u>		OFFICE USE ONLY Date Received OCC RECEIVED AT DEC 7 '18 PM 3:34 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
3 COMMITTEE NAME	People's PAC				
4 TREASURER NAME	Elisa Montoya				
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)				
6 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>11</u> <u>27</u> <u>2018</u> THROUGH <u>12</u> <u>02</u> <u>2018</u>				

7 EXPLANATION OF CORRECTION

The PAC failed accidentally to include an in-kind contribution of research, un-itemized expenditures of \$50 or less (such as bank fees and minor internet charges) and didn't have access to the internet so our bank balance was an estimate, which has now been corrected.

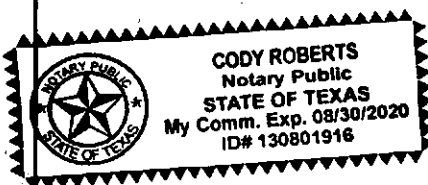
8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Elisa R Montoya
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Elisa R Montoya, this the 7th (seventh) day of December, 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Cody Roberts
Printed name of officer administering

Personnel Banker
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT PG 1

FORM GPAC
COVER SHEET

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 COMMITTEE NAME People's PAC		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">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 Change of Address	ADDRESS / PO BOX: 2008 Haskell APT / SUITE #: CITY: Austin STATE: Tx ZIP CODE: 78702								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Elisa NICKNAME LAST SUFFIX Montoya								
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 2008 Haskell APT / SUITE #: CITY: Austin STATE: Tx ZIP CODE: 78702								
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX: 2008 Haskell APT / SUITE #: CITY: Austin STATE: Tx ZIP CODE: 78702								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512)615-6195								
9 REPORT TYPE	<table style="width:100%;"> <tr> <td style="width:33%;">January 15</td> <td style="width:33%;">30th day before election</td> <td style="width:33%;">Dissolution (Attach PAC-DR)</td> </tr> <tr> <td>July 15</td> <td>8th day before election</td> <td>10th day after campaign treasurer termination</td> </tr> </table> <p style="text-align: center;">CORRECTED REPORT 12/7/2018</p>			January 15	30th day before election	Dissolution (Attach PAC-DR)	July 15	8th day before election	10th day after campaign treasurer termination
January 15	30th day before election	Dissolution (Attach PAC-DR)							
July 15	8th day before election	10th day after campaign treasurer termination							
10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:33%;">Month Day Yea</td> <td style="width:33%;">THROUGH</td> <td style="width:33%;">Month Day Year</td> </tr> <tr> <td>11/27/2018</td> <td></td> <td>12/2/2018</td> </tr> </table>			Month Day Yea	THROUGH	Month Day Year	11/27/2018		12/2/2018
Month Day Yea	THROUGH	Month Day Year							
11/27/2018		12/2/2018							
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:33%;">ELECTION DATE Month Day Year</td> <td style="width:33%;">ELECTION TYPE</td> <td style="width:33%;"></td> </tr> <tr> <td>12/11/2018</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General </td> <td> <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE		12/11/2018	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description
ELECTION DATE Month Day Year	ELECTION TYPE								
12/11/2018	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description							

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME

People's PAC

13 Filer ID (Ethics Commission Filers)

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

B. Opposed
Pio Renteria (District 3)

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)
check here if this report qualifies for the higher itemization threshold

\$110.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

8243.33

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

451.71

4. TOTAL POLITICAL EXPENDITURES

4618.71

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD

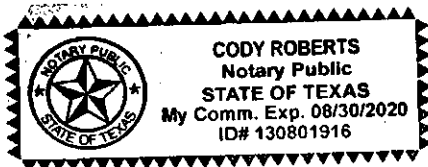
4924.53

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$0

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.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisa R Montoya, this the 7th
day of December, 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Cody Roberts
Printed name of officer administering oath

Personal Banker
Title of officer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

17 COMMITTEE NAME

People's PAC

18 Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> XSCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7693.33
2.	<input checked="" type="checkbox"/> XSCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	550
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4167
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	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME **People's PAC**

3 Filer ID (Ethics Commission Filers)

4 Date
11/27/2018

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Barbara McArthur

7 Amount of contribution (\$)

400.00

6 Contributor address;

City; State; Zip Code

5700 Clay

Austin Tx 78756

8 Principal occupation / Job title (See Instructions)
researcher9 Employer (See Instructions)
UT

Date

11/27/2018

Full name of contributor

Fred Lewis

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

309 East 11th #2

City; State; Zip Code

Austin Tx 78701

Principal occupation / Job title (See Instructions)
Atty/businessEmployer (See Instructions)
self

Date

11/28/2018

Full name of contributor

Kirk Mitchell

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

3333.33

Contributor address;

PO BOX 4023

City; State; Zip Code

Austin Tx 78765

Principal occupation / Job title (See Instructions)
businessEmployer (See Instructions)
self

Date

11/27/2018

Full name of contributor

Mike Hebert

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

1301 W 25th #545

City; State; Zip Code

Austin Tx 78705

Principal occupation / Job title (See Instructions)
attyEmployer (See Instructions)
self**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** FILER NAME **People's PAC****3** Filer ID (Ethics Commission Filers)**4** Date
12/01/2018**5** Full name of contributor

out-of-state PAC (ID# _____)

Jeff Jack

6 Contributor address;
2008B Rabb

City; State; Zip Code

Austin Tx 78704

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)
architect**9** Employer (See Instructions)
selfDate
11/30/2018Full name of contributor
Mike Lavigne
Public Relations

out-of-state PAC (ID# _____)

Contributor address;
1514 Richcreek

City; State; Zip Code

Austin Tx 78756

Amount of contribution (\$)

3000.00

Principal occupation / Job title (See Instructions)
Public relationsEmployer (See Instructions)
self

Date

Full name of contributor

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

out-of-state PAC (ID# _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

7 Amount of contribution (\$)

6 Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: _____	
2 FILER NAME _____		3 Filer ID (Ethics Commission Filers) _____	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$	8 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

6 Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-MONETARY SUPPORT FROM
CORPORATION OR LABOR ORGANIZATION****SCHEDULE C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Corporation / Labor Organization name

6 Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

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Corporation / Labor Organization name

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Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

Date

Corporation / Labor Organization name

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$ <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	8 In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	In-kind contribution description
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$ <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	In-kind contribution description
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>			

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount(\$)

6 Is lender a
financial
Institution?

8 Lender address;

City;

State;

Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none15 Check if personal funds were deposited into political account
(See Instructions)☐16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial
Institution?

Lender address;

City;

State;

Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account
(See Instructions)GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 People's PAC		3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/2017		5 Payee name Amanda Boyd			
7 Amount (\$) 850.00		7 Payee address; City; State; Zip Code 309 Est 11th #2 Austin Tx 78701			
Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries		(b) Description Campaign organizing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Oppose Pio Renteria		Office sought Dist 3 Office held Dist 3	
Date 11/30/2018		Payee name Wetzel and Associates			
Amount (\$) 500.00		Payee address; City; State; Zip Code 8407 Appalachian Way Austin TX 78759			
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting		Description Social Media	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Oppose Pio Renteria		Office sought Dist 3 Office held Dist 3	
Date 11/28/2018		Payee name Worley Printing			
Amount (\$) 2317.00		Payee address; City; State; Zip Code 3217 IH 35 Austin Tx 78722			
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		Description Postage, printing mailer	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------	--	---

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/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 F4:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date		6 Payee name			
7 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name Office sought Office held			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee name Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		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					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME

2 Filer ID (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

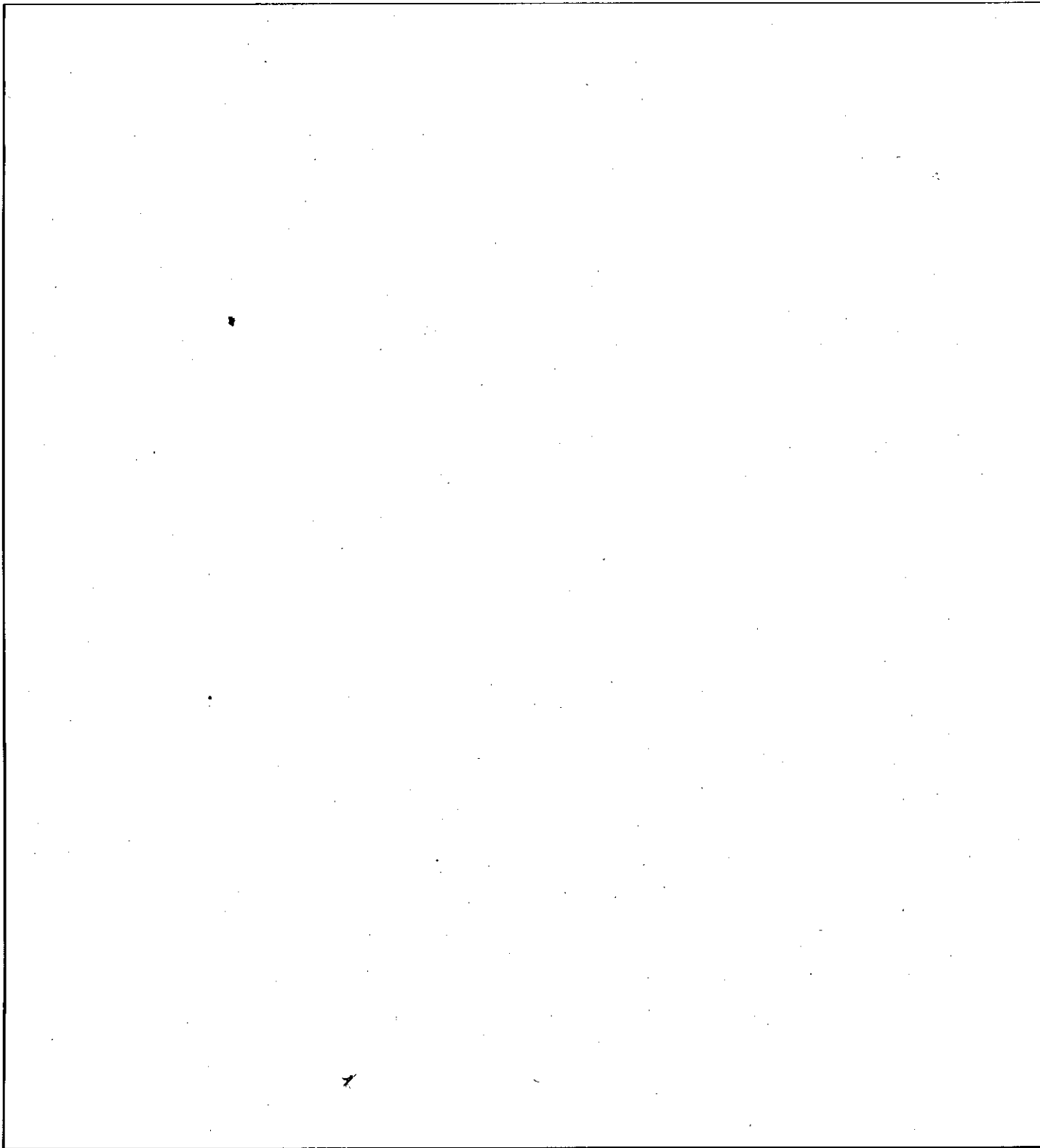
AFFIX NOTARY STAMP / SEAL ABOVE

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



NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Peoples PAC		3 Filer ID:	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/27/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Lewis	8 Amount of contribution (\$) 550.00	9 In-kind contribution description 4 in-kind research
7 Contributor address; City; State; Zip Code 309 East 11 th Austin, TX 78701		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See instructions) <i>Atty / Business</i>		11 Employer (FOR NON-JUDICIAL) (self)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

