	PURPOSE COMMITTEE FINANCE REPORT		FORM GPAC COVER SHEET PG 1
The GPAC Instruction Guid	e explains how to complete this form.	r ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE			OFFICE USE ONLY
NAME CITIZENS FOR	AN INDEPENDENT CITYO	ouncil	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CIT 300 MOURE BLUD AU		OCC RECEIVED AT JUL 12'19 AM11:04
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	MARSUAN	_	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	E #; CITY; STATE;	ZIP CODE
TREASURER STREET ADDRESS (Residence or Business)	300 FOURE BLUD	AUSTIN TR	78705
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUIT ろこしとしいこれて、おいり	E#: CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (572) 478 5243	EXTENSION	
9 REPORT TYPE	January 15 30th day	y before election	Dissolution (Attach PAC-DR)
	July 15 8th day Runoff	before election	10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day Year
	01/01/2019	THROUGH	06/30/2013
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TY CRUNOIF Other Description Special	
	GO TO P	AGE 2	
Forms provided by Texas Ethi	s Commission www.ethics.st	ate.tx.us	Revised 10/28/2016

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GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME CITIZENS		DEPENDENT CITY COUNCIL	r ID (Ethics Commission Filers)		
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
(Attach lists on plain (Identify by name paper to complete this or, if applicable, report if necessary.) classify by party.)		B. Opposed			
		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable,				
	classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOA	IZED POLITICAL CONTRIBUTIONS (OTHER THAN NS. OR GUARANTEES OF LOANS) re if this report qualifies for the higher itemization threshold	\$ ()		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ ()		
	4. TOTAL POLIT	ICAL EXPENDITURES	\$ ()		
CONTRIBUTION BALANCE	5. TOTAL POLITIC OF THE REPO	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 1500		
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE THE REPORTING PERIOD	\$ ()		
16 AFFIDAVIT		I swear, or affirm, under penalty of perjury, th true and correct and includes all informatio me under Title 15, Election Code.			
No	SHERYL CHEATHAM Notary ID #2415489 My Commission Expires June 18, 2022 Signature of Campaign Treasurer				
			0		
AFFIX NOTARY STAMP	/SEALABOVE				
Sworn to and subscribed before me, by the said LTNN MARSHAM, this the 10 th day of JULY, 20_19, to certify which, witness my hand and seal of office.					
Show 1 11					
Signature of office/Jadr	ninistering oath	Printed name of officer administering oath	Title of officer administering oath		

Forms provided by Texas Ethics Commission

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GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC **COVER SHEET PG 1**

The GPAC Instruction Guid	e explains how to complete this form.	ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE			OFFICE USE ONLY
CITIZENS FOR	AN INDEPENDENT CITYCE	UNCIL	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY 300 MUURE BLUD AU		OCC RECEIVED AT JUL 12'19 AM11:04
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	MARSHAN	-	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	#; CITY; STATE;	ZIP CODE
TREASURER STREET ADDRESS (Residence or Business)	300 MOURE BLUD	AUSTIN TO	78205
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE ZOU MUTO RUE BWD B	#; CITY; STATE; HUST.N T4	zip code 78705
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (572) 478 5243	EXTENSION	
9 REPORT TYPE		before election	Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year OG/30/2019
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYP Runoff Other Description Special	E
	GO ΤΟ ΡΑ	GE 2	
Earms provided by Taxas Ethi	c Commission www.ethics.sta	to tx us	Bevised 10/28/2016

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME CITIZENS		DEPENDENT CITY COUNCIL	Filer ID (Ethics Commission Filers)	
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
(Attach lists on plain paper to complete this	(Identify by name or, if applicable,			
report if necessary.)	classify by party.)	B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of			
	election and nature of issue.)	B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION		IZED POLITICAL CONTRIBUTIONS (OTHER THAN NS, OR GUARANTEES OF LOANS)	\$	
TOTALS		e if this report qualifies for the higher itemization thresh		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ed \$ ()	
	4. TOTAL POLIT	CAL EXPENDITURES	\$ ()	
CONTRIBUTION BALANCE	5. TOTAL POLITIC OF THE REPOR	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 1500	
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE THE REPORTING PERIOD	\$ ()	
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. Wy Commission Expires June 18, 2022 Signature of Campaign Treasurer				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said LYNN MARSHAM, this the 10 th				
day of JULY, 2019, to certify which, witness my hand and seal of office.				
Sherul	ale of the	- SHERWI- (HEATHOM	Norskil	

Forms provided by Texas Ethics Commission

Signature of office administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

17 CC	MMITTEE NAME 18	Filer ID (Ethics Comm	aission Filers)
CA	TIZENS FUR AN INDEPENDENT CITY COUNTR	(
19 SC	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	5	\$ ()
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5	\$ 0
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	\$ ()
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$ ()
5.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ORGANIZATION	TION OR LABOR	\$ ()
6.	SCHEDULE C3 : MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA		\$ ()
7.	SCHEDULE C4 : NON-MONETARY SUPPORT FROM CORPORATION OR LABOR	ORGANIZATION	\$ ()
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$ ()
9.	SCHEDULE E: LOANS	5	\$ ()
10.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	BUTIONS	\$ ()
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	:	\$ ()
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT		\$ 0
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	3	\$ ()
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	IBUTIONS	\$ <i>O</i>
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ ()

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
CITIZENS	FOR AN INDEPENDENT CIT	4 COUNCIL	
4 Date	5 Full name of contributor out-of-state PAC (7 Amount of contribution (\$)
NONE	6 Contributor address; City; State;	Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State;		
Principal occu	bation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🗌 out-of-state PAC ((ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruc	ions)
Date	Full name of contributor 🗌 out-of-state PAC ((ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
GTIZENS FUR AN INDEPENDENT CITY COUNCIL			
	F UNITEMIZED IN-KIND POLITICAL CONTRIE		\$
5 Date 6 Full name of contributor out-of-state PAC (ID#:) 7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution Contribution \$ description	
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co		
	Contributor address, Oity, State, ZIP CO		Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDU	JLE AS NEEDED
lf	contributor is out-of-state PAC, please see instruction		

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)
CITIZENS FOR AN INDEPENDENT CITY COUNCIL	
4 TOTAL OF UNITEMIZED PLEDGES	\$
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	8 Amount 9 In-kind contribution of Pledge 6 description
6	
7 Pledgor address; City; State; Zip Code	
10 Principal occupation / Job title (See Instructions) 11 Employer (See	Check if travel outside of Texas. Complete Schedule T. Instructions)
Date Full name of pledgor out-of-state PAC (ID#:	Amount In-kind contribution
	of Pledge \$ 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 In-kind contribution
	of Pledge \$ 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 In-kind contribution of Pledge \$ description
Pledgor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See	Check if travel outside of Texas. Complete Schedule T.
	, monuolonay
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E 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 1	Total pages Schedule C1:
2 FILER NAM	ME	3	Filer ID (Ethics Commission Filers)
CITIZEN	IS FOR, AN INDEPENDENT CUTY COUNCIL		
4 Date	5 Corporation / Labor Organization name	7 /	Amount of contribution (\$)
NONE	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	4	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEED	ED

Forms provided by Texas Ethics Commission

	MONETARY (IN-KIND) CONTRIBUTIO	
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C2:
2 FILER NAM	IS FOR AN INDEPENDENT CITY COUNCIL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution \$ description
NONE	6 Corporation / Labor Organization address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	Check if travel outside of Texas. Complete Schedule T.
Forms provided	by Texas Ethics Commission www.ethics.state.tx.us	Revised 10/28/201

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	INS FOR AN INDEPENDENT CITY COUNCIL	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			

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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 CITIZEN	IS FOR AN INDEPENDENT CITY COUNCIL	3 Filer ID (Ethics Commission Filers)	
4 Date NONE	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 (\$)	
Date	Corporation / Labor Organization name	Amount (\$)	
I	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Forms provided by Texas Ethics Commission

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule D:		
2 FILER	NAME	3 Filer ID (Ethics Commission Filers)		
CITIZ	No. And Annual State Sta			
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of 8 In-kind contribution Contribution \$ description		
10		Check if travel outside of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description		
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside of Texas. Complete Schedule T.		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

SCHEDULE D

LOANS			SCHEDULE E			
The	The Instruction Guide explains how to complete this form.					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
CITIZENS	FOR AN INDEPEN	DENT COTY COUNCIL				
	ITEMIZED LOANS		\$			
5 Date of Ioan	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			
YN			11 Maturity date			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	I			
14 Description of Coll	ateral	15 Check if personal funds were (See Instructions)	deposited into political account			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable 20 Principal Occupat	State; Zip Code 21 Employer (See Instructions)					
Date of loan	Name of lender 🗌 out-of-state	∋ PAC (ID#:)	Loan Amount (\$)			
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
Y N			Maturity date			
Principal occupation) on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colli	ateral	Check if personal funds were (See Instructions)	deposited into political account			
GUARANTOR Name of guarantor			Amount Guaranteed (\$)			
Image: Instruction of applicable Image: Instruction of the second seco						
Principal Occupati						
If I	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CA	TEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic: Credit Card Payment	al Committee Legal Services	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 exp	plains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME CLTIZENSFORAN 5 Payee name		3 Filer ID (Ethics Commission Filers)			
NONE						
6 Amount (\$)	7 Payee address; City; State;	Zip Code				
Expenditure from corporate funds			L.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel outsi	de of Texas. Complete Schedule T. TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	Check if travel outsid	de of Texas. Complete Schedule T. X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State;	Zip Code				
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	Check if travel outsic	de of Texas. Complete Schedule T. X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

UNPAID INC	SCHEDULE F2				
	EXPEN	DITURE CATEO	GORIES FOR E	3OX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F2:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
1	CITIZENS FUR AN	INDEPEN	DENT CIT	4 COUNCO	C
4 TOTAL OF UNITER	IZED UNPAID INCI	JRRED OBLI	GATIONS		\$
5 Date ONE	6 Payee name				·
7 Amount (\$)	8 Payee address;	City; State;	Zip Code		
Expenditure from corporate funds					
9 TYPE OF EXPENDITURE	Political		Non-Political		
10	(a) Category (See Categorie	s listed at the top of this	schedule)	(b) Descripti	on
PURPOSE				Check i	f travel outside of Texas. Complete Schedule T.
OF EXPENDITURE				Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Office	holder name	Office s	ought	Office held
Date	Payee name				
Amount (\$)	Payee address;	City; State;	Zip Code		
Expenditure from corporate funds					
TYPE OF EXPENDITURE	Political		Non-Political		
	Category (See Categories	s listed at the top of this	schedule)	Descripti	on
PURPOSE				Check i	f travel outside of Texas. Complete Schedule T.
EXPENDITURE				Check	if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
Forms provided by Texas Ethic	s Commission	www.ethics.	state.tx.us		Revised 10/28/2010

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

IT	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
CITIZENS	FOR AN INDEPENDENT CITY COUNCIL						
4 Date	5 Name of person from whom investment is purchased						
NONE	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	r; 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 FO	PROV 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overh Food/Beverage Expense Polling Expe y Gift/Awards/Memorials Expense Printing Expe	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
1	CITIZENS FOR AN INDEPENDENT CIT					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRE	EDIT CARD	\$			
5 Date ONE	6 Payee name					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
Expenditure from corporate funds						
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	on			
BUBBOSE	(
PURPOSE			f travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check	if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ce sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
TYPE OF EXPENDITURE	Political Non-Political					
	Category (See Categories listed at the top of this schedule)	Descripti	on			
PURPOSE			if travel outside of Texas. Complete Schedule T.			
OF		Check	if Austin, TX, officeholder living expense			
EXPENDITURE						
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held						
	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS NEE	DED			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 10/28/2016						

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
/	CITIZIENS FOR AN INDEPENDENT CITY COUNCIL					
4 Date VON FE	5 Payee name	t				
6 Amount (\$)	7 Payee address; City; State; Zip Code					
Expenditure from corporate funds						
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 (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
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 Sche	dule K:
2 FILER NAME	Commission Filers)		
UTIZENS	FOR AN INDEPENDENT CITY COUNCIL	~	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
4			
NONE	6 Address of person from whom amount is received; City; State;		
' /	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;		
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if I	political contribution	returned to filer
Date			A
Dale	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 p	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		
		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:	1		
² FILER NAME CITIZENS FOR AN INDEPENDENT CITY COUNCIL ³ Filer ID (Ethics Commission Filers						ission Filers)		
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / ∳ayee							
5 Contribution / Expend	5 Contribution / Expenditure reported on:							
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC						С		
6 Dates of travel	7 Name o	of person(s	s) traveling					
NONE	8 Departu	8 Departure city or name of departure location						
	9 Destinat	tion city or	name of destination lo	cation				
10 Means of transportat	ion	11 Purpo	ose of travel (including	name of conference, se	minar, or other event)			
Name of Contributor	/ Corporation	or Labor (Organization / Pledgor /	/ Payee				
Contribution / Expend								
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC					0		
Dates of travel Name of person(s) traveling								
	Departure city or name of departure location							
	Destinat	tion city or	name of destination lo	cation				
Means of transportat	ion	Purpo	ose of travel (including	name of conference, se	minar, or other event)			
Name of Contributor /	Corporation	or Labor C	Organization / Pledgor /	/ Payee				
Contribution / Expend	liture reported	d on:						
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC	þ		
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) CITIZENS FOR AN INDEPENDENT CITY COUNCIL 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 SHERYL CHEATHAM Notary ID #2415489 ly Commission Expires June 18, 2022 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said LYNN MARSHAM, this the 10th day of to certify which, witness my hand and seal of office. r administering oath Signature of office Printed name of officer administering oath Title of officer administering