# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

The GPAC Instruction Guid	de explains how to complete this form.	1 Filer ID (Ethics Commi	ssion Filers)	2 Total pages file	d:
3 COMMITTEE				OFFICE	USE ONLY
NAME	AN INDEPENDENT OF	The controlled		Date Received	
CITIZENS FOR	AN INDEPENDENT CL	quintit		Date Heceived	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE;	ZIP CODE		RECEIVED AT 12'19 AM11:04
Change of Address	300 100100				
				Date Hand-delivered	or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST		MI	Receipt #	Amount \$
TREASURER	16.1.1				
NAME	NICKNAME LAST		SUFFIX	Date Processed	
	MARSE!	MA	SUPPIX	Date Imaged	
	Transfer in				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); AP	T / SUITE #; CITY;	STATE;	ZIP CODE	
TREASURER STREET ADDRESS (Residence or Business)	300 HOURE BLVD	AUSTIN	(x	78705	
	,				
7 CAMPAIGN TREASURER MAILING ADDRESS		T / SUITE #; CITY;	STATE;	ZIP CODE	
Change of Address	300 FWO 1212 BWO	dust. N	T+	78700	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENS	ION		
TREASURER PHONE	(512) 478 5243				
9 REPORT TYPE	January 15	30th day before election	L	Dissolution (Attach F	PAC-DR)
	July 15	8th day before election Runoff	à	10th day after campa termination	aign treasurer
10 PERIOD COVERED	Month Day Year			Month Day	Year
	01/01/2019	THROUGH		06/30	2019
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year Prin	mary Runoff	Other		
	Ger	neral Special	Description		
, ,	GO T	O PAGE 2			

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

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 report if necessary.)	(Identify by name or, if applicable, 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.)		ž ,
15 CONTRIBUTION TOTALS	PLEDGES, LOA	IZED POLITICAL CONTRIBUTIONS (OTHER THAN NS. OR GUARANTEES OF LOANS)  re if this report qualifies for the higher itemization thre	shold \$
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITIC	CAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$
	4. TOTAL POLIT	ICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	\$ 1500
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH THE REPORTING PERIOD	\$ ()
16 AFFIDAVIT	*******	I swear, or affirm, under penalty of perjuitive and correct and includes all information me under Title 15. Election Code.	
1 (P) No	HERYL CHEATHAM otary ID #2415489 Commission Expires June 18, 2022	Signature of Campai	gn Treasurer
AFFIX NOTARY STAMP	P/SEAL AROVE		
AFFIA NOTART STAWE	JEALABOVE	1 4211/ 11/00011	1016
Sworn to and subscri	bed before me, by th , 20 19		, this the 10 th
day of SCL	71	, to certify which, witness my hand and seal	of office.
Signature of office adr	Ulli Hau ministering oath	Printed name of officer administering oath	NUTARU  Title of officer administering oath
			V

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

The GPAC Instruction Guid	de explains how to complete	this form.	Filer ID (Ethics Com	nmission Filers)	2 Total pages filed:
3 COMMITTEE NAME					OFFICE USE ONLY
CITIZENS FOR	LAN INDEPENDE	ent city	COUNTIL		Date Received
4 COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SL		CITY; STATE		OCC RECEIVED A JUL 12'19 AM11:0
					Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	NICKNAME LA	FIRST JN AST MZ SH M	· · · · · · · · · · · · · · · · · · ·	MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX P			NACONAL	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX;	APT / SU	AUST.N	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE !		EXTEN	NSION	
9 REPORT TYPE	January 15 July 15		day before election ay before election	۵	Dissolution (Attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day	Year 2019	THROUGH		Month Day Year 06/30/2019
11 ELECTION	ELECTION DATE  Month Day Year	Primary General	Runoff Special	ELECTION TYPE Other Description	
		GO TO F	PAGE 2		

## GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

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### SUBTOTALS - GPAC

	mmission Filers)
CITIZENS FUR AN INDEPENDENT CITICOUNDE	
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ ()
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ()
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>O</i>
SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ ()
SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ ()
SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 0
SCHEDULE E: LOANS	\$ 0
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ()
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ()
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ()
	SCHEDULE SI POL AN LNOW PENDENT CUT COUNTS  SCHEDULE SUBTOTALS  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  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 LABOR ORGANIZATION  SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

	er				
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	14 COUNCIL			
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
NOVE	6 Contributor address; City; State;	; Zip Code			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
			Amount of contribution (\$)		
Date	Full name of contributor	(ID#:)	,,,		
	Contributor address; City; State	; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;	Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State	; Zip Code			
Principal occu	oation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
GTIZEN	S FUR AN INDEPENDENT CITY	COUNCIL	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor  uut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description
No	7 Contributor address; City; State; Zip Coc	ie	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor'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		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co	de	Charle if travel autrida of Tayan Complete Schoolule T
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
16	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruction		
	continuator is out-or-state PAG, please see instructio	ii guide idi a	additional reporting requirements.

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CITIZENS FUR AN INDEPENDENT CITY COUNCIL 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ☐ out-of-state PAC (ID#: Amount . 9 In-kind contribution of Pledge \$ 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 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 out-of-state PAC (ID#:\_ Full name of pledgor 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 ut-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) 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 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 (\$)
HONE	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 N	IEEDED
	AT THE PROPERTY OF THE SOTTED OF THE SOTTED OF AS IN	

# 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 NAM			Filer ID (Ethics Commission Filers)
CITIZEN	IS FOR AN INDEPENDENT GET COUNCIL		
4 Date	5 Corporation / Labor Organization name		Amount of 8 In-kind contribution description
10/6	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 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 SCHEDU	JLE	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)
CITIZE	INS FOR AN INDEPENDENT CITY COUNCIL	
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 CODIES OF THE COURDING AS VETT	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	Eυ

# 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 CITIZED	IS 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 (\$)
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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 N	EEDED

# 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 Comr	nission Filers)	
CITIZI	ENS FOR AN INDEPENDENT GTY WUNCE	e.		
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description	
JONE	6 Corporation / Labor Organization address; City; State; Zip Code			
10)		Check if travel outside	de of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description	
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outsic	de of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description	
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside	de of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description	
	Corporation / Labor Organization address; City; State; Zip Code			
		Check if travel outside	de of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description	
	Corporation / Labor Organization address; City; State; Zip Code	:		
		Check if travel outside	de of Texas. Complete Schedule T.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

LOANS			SCHEDULE <b>E</b>			
The	1 Total pages Schedule E:					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
CITIZENS	FOR AN INDEPEND	DENT COTY COUNCIL				
	NITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender  ut-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	ion / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Coll	lateral	15 Check if personal funds were (See Instructions)	deposited into political account			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable		State; Zip Code				
20 Principal Occupat						
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate			
Y N			Maturity date			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Description of Colla	ateral	Check if personal funds were	deposited into political account			
none		(See Instructions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
not applicable	Guarantor address; City; S	State; Zip Code				
	on (See Instructions)	Employer (See Instructions)				
If le	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CITIZENS FOR AN INDEPENDENT UTYCEUNCIL 4 Date 5 Payee name 6 Amount ( 7 Payee address; City; State; Zip Code Expenditure from corporate funds (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **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 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 (April of Parker September 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this	schedule)		vel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense		
TYPE OF EXPENDITURE	Poli	tical	Non-Political	,			
Expenditure from corporate funds							
Date  Amount (\$)	Payee na		Zip Code				
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this	schedule)		vel outside of Texas. Complete Schedule T.		
9 TYPE OF EXPENDITURE		tical	Non-Political	I			
Expenditure from corporate funds							
7 Amount (\$)	8 Payee ac		Zip Code				
4 TOTAL OF UNITED	MIZED UNP	AID INCURRED OBLI	GATIONS	\$	<b>S</b>		
Total pages Schedule F2:		ZUR AN INDEPEN	JOENT CIT		Filer ID (Ethics Commission Filers)		
4 Total manage Cabadula FO	The Instruction Guide explains how to complete this form.  1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Contributions/Donations Made B Candidate/Officeholder/Politica	у	Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Co	ontract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		

## 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			ler ID	(Ethics Commission F	-ilers)	
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; Z		
٠	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; Z		
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL CODIES OF THIS SOURDING	AC NU	EEDF			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS N	FFDE	:D		

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) CITIZTENS FOR AN INDEPENDENT CITY COUNCIL TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code Expenditure from corporate funds 9 TYPE OF Political **EXPENDITURE** Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee 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) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## 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)			
/	CITIZENS FOR AN INDEPENDEN	T CITY LOUN	CIC			
VON P	5 Payee name	·				
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 required.)	instructions regarding type of information			
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 required.)	instructions regarding type of information			
Date	Payee name	7				
Amount (\$)  Expenditure from corporate funds	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information			
Date	Payee name					
Amount (\$)  Expenditure from corporate funds	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

### SCHEDULE K

	Instruction Guide explains how to complete this form.	1 Total pages Schedu	ule K:		
2 FILER NAME	Commission Filers)				
	FOR AN INDEPENDENT CITY COUNCIL				
4 Date	5 Name of person from whom amount is received	4	8 Amount (\$)		
NONE	6 Address of person from whom amount is received; City; State;	Zip Code			
' /	7 Purpose for which amount is received Check if p	political contribution re	eturned 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 p	political contribution re	eturned 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 p	political contribution re	eturned 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 p	political contribution re	eturned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

### SCHEDULE T

					1			
The Instruction Guide explains how to complete this form.				1 Total pages Schedule T:				
CITIZENS FOR AN INDEPENDENT CITY COUNCIL					3 Filer ID (Ethics Commis	ssion Filers)		
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Playee								
				, -				
5 Contribution / Expend	diture reported	on:						
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedule D							
6 Dates of travel	7 Name o	7 Name of person(s) traveling						
1811,	8 Denartui	re city or r	ame of departure local	ion				
10.	o soparia	o only or n	ame of departure local	1011				
	9 Destinati	ion city or	name of destination lo	cation				
1								
10 Means of transportat	tion	<b>11</b> Purpo	ose of travel (including	name of conference, se	eminar, or other event)			
					Commission of the commission o			
Name of Contributor	/ Corporation	or Labor (	Organization / Pledgor /	Payee				
		J. 2000. C	organization / Fledgor /	1 ayee				
Contribution / Expend	diture reported	on:						
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of travel	Name of person(s) traveling							
	Departure city or name of departure location							
	Departure city or name of departure location							
	Destinati	on city or	name of destination lo	cation				
Means of transportat	tion	Purpo	ose of travel (including	name of conference, se	minar, or other event)			
Name of Contributor	/ Corporation of	or Labor C	rganization / Pledgor /	Payee				
Contribution / Expend	liture reported	on:						
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of travel	Name of person(s) traveling							
	Departure city or name of departure location							
*1								
F	Destination city or name of destination location							
Means of transportati	Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
				. This conteduct	TO HELDED			

## 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)

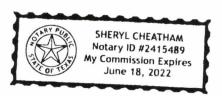
CITIZENS FOR AN INDEPENDENT CITY COUNCIL

#### 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



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LYNN MARSHAM, this the 10th day of	
JULY , 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 of	ath