#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00080702 11 Date Received COMMITTEE **MEGAPHONE ELECTRONICALLY FILED** NAME 07/15/2019 GC RECEIVED AT JUL 16'19 PM4:24 TREASURER McAlpin, Luke (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount X July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Day Year Day Year Month Date Imaged COVERED THROUGH 01/01/2019 06/30/2019 7 EXPLANATION OF CORRECTION Amendment is filed to correct expenditure description categories. Amendment was filed on July 15, 2019, the same date as the original report was due. No penalty should be charged for this amendment but in the event that a penalty is charged we request a waiver since the correction is de minimis and does not change the totals originally reported. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: 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

Sworn to and subscribed before me, by the said \_\_\_\_\_\_\_, this the \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_\_, to certify which, witness my hand and seal of office.

that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally

Mr. Luke McAlpin
Signature of Campaign Treasurer

filed was made in good faith.

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

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC **COVER SHEET PG 1**

The GPAC Instruction	Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 00080702	2 Total pages filed: 11					
3 COMMITTEE NAME		OFFICE USE ONLY					
MEGAPHONE		Date Received					
		ELECTRONICALLY FILED					
		07/15/2019					
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
ADDRESS	P.O. Box 341028	Date Hand-delivered or Date Postmarked					
l _		Date Hand-delivered of Date Positifalized					
Change of Address	Austin, TX 78734	Descript #					
	Austin, 17 70734	Receipt # Amount					
		Date Processed					
1		Date Imaged					
5 CAMPAIGN	MS / MRS / MR FIRST	MI					
TREASURER	Mr. Luke						
NAME							
	NICOLAND LACT	CLIEFIV					
	NICKNAME LAST	SUFFIX					
	McAlpin						
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE					
TREASURER	3595 RR 620 S						
STREET ADDRESS	Ste. 200						
(Residence or Business)	Austin, TX 78738						
7 CAMPAIGN	STREET OR PO BOX; APT / SUITE #; CITY	; STATE; ZIP CODE					
TREASURER MAILING	P.O. Box 341028						
ADDRESS							
l	Austin, TX 78734						
Change of Address	Additi, 17 70754						
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION						
TREASURER	(662) 350-3711						
PHONE							
9 REPORT	January 15 30th day before election	Dissolution (Attach PAC-DR)					
TYPE		J. S. SOIGHOTI (PAGEOTY)					
	8th day before election	10th day after campaign treasurer termination					
-	X July 15 Runoff	termination					
	I Naron						
10 PERIOD	Month Day Year Month Day	Year					
COVERED	01/01/2019 THROUGH 06/30/201	9					
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day Year X Primary Runoff	Other					
	03/03/2020						
	General Special						
	00 70 0/07 0						
	GO TO PAGE 2						
Forms provided by To	voc Ethica Commission	Version V/1 1 0ef01242					

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME MEGAPHONE			13 Filer 0008	ID 80702	(Ethics Commission Filers)	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)	,	B. Opposed				
	2 11	A Commented				
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, (	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS) qualifies for the higher itemization threshold		\$	0.00	
	2. TOTAL POLITICA			\$	0.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL E	EXPENDITURES OF \$100 OR LESS, UNLESS ITER	MIZED	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES		\$	46,609.69	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL O OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY	\$	64,002.43	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE	\$	0.00	
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			to be a second of the second	
Mr. Luke McAlpin						
Signature of Campaign Treasurer						
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, this the day						
		which, witness my hand and seal of office.				
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title	of office	er administering oath	

## **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

4 of 11

			40111					
17 COMMITT MEGAPH	(Ethics Commission Filers)							
	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE  SUBTOTAL AMOUNT							
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$					
9.	. SCHEDULE E: LOANS \$							
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 39,851.21					
11. X	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 6,758.44							
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$							
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$							
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$							
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 5/11	MEGAPHONE 00080702
4 Date	5 Payee name
06/21/2019	Citizen Super PAC Services LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,500.00	1011 M Street NW
Expenditure from	Unit 402
corporate funds	Washington, DC 20001
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Political Consulting Services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
01/17/2019	Dropoff Inc
Amount (\$)	Payee address; City; State; Zip Code
\$66.87	PO Box 123696
Expenditure from	
corporate funds	Dallas, TX 75312
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Delivery Services
	Salivary Salivass
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н
Date	Payee name
06/21/2019	Grimes, Windi
Amount (\$)	Payee address; City; State; Zip Code
\$34,052.47	3310 W Main St
Expenditure from corporate funds	Houston, TX 77098
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Refund to Contributor Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense  Refund of Contribution
	Retailed of Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID **MEGAPHONE** 00080702 Sch: 2/5 Rpt: 6/11 Date Payee name 01/03/2019 MCALPIN, LUKE City; Payee address; 6 Amount (\$) State; Zip Code \$1,000,00 PO Box 341028 Expenditure from corporate funds Austin, TX 78734 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC Management Consulting Fee Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/15/2019 **Tusk Digital** Amount (\$) Payee address; City; State; Zip Code \$297.00 777 6th St. NW 11th Floor Expenditure from corporate funds Washington, DC 20001 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Hosting Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name 03/21/2019 Tusk Digital Payee address; Amount (\$) City; State; Zip Code \$407.25 777 6th St. NW 11th Floor Expenditure from Washington, DC 20001 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Hosting Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

Candidate/Officeholder/Politica Credit Card Payment		Ages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	12 EILED NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 7/11	MEGAPHONE	00080702
4 Date	5 Payee name	
06/24/2019	Tusk Digital	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$464.62	777 6th St. NW	
	11th Floor	
Expenditure from corporate funds	Washington, DC 20001	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Onice Overneau/Nental Expense	Check if Austin, TX, officeholder living expense
1		Website Hosting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
01/10/2019	WELLS FARGO BANK NA	
Amount (\$)	Payee address; City; State; Zip Co	de
\$10.00	PO BOX 6995	
Expenditure from corporate funds	PORTLAND, OR 97228	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bank Fees
		Dalik Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
02/08/2019	WELLS FARGO BANK NA	
Amount (\$)	Payee address; City; State; Zip Co	de
\$13.00	PO BOX 6995	
Expenditure from corporate funds	PORTLAND, OR 97228	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	П	

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By-

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 8/11	MEGAPHONE 00080702
4 Date	5 Payee name
03/08/2019	WELLS FARGO BANK NA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	PO BOX 6995
Expenditure from corporate funds	PORTLAND, OR 97228
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Bank Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second
Date	Payee name
04/08/2019	WELLS FARGO BANK NA
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	PO BOX 6995
Expenditure from	
corporate funds	PORTLAND, OR 97228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
0 1 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/08/2019	WELLS FARGO BANK NA
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	PO BOX 6995
— Consoditors from	
Expenditure from corporate funds	PORTLAND, OR 97228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefit C/OI	•

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Gift/Awards/Memorials Legal Services  The Instruction C	Expense		Expense Wages/	Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	rict category not listed above)	
-	T-1-1	-	EU EE MAN	The Instruction G	uiue explains	now to co	mple	e uns form.	T <sub>c</sub>	-11 15	(5.1)	,
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 5/5 Rpt: 9/11		MEGAPHO	DNE						00080702		
4	Date	5	Payee name	)								
(	06/10/2019		WELLS FA	RGO BANK NA								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	ode		-			
	\$10.00		PO BOX 69									
	******											
	Expenditure from corporate funds		PORTLANI	D, OR 97228								
8	PURPOSE	(a)	Category (S	See Categories listed at t	the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE		Fees							de of Texas. Comp		
	EN ENDITORE								, TX	officeholder living	expense	
								Bank Fees				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Off	ficeholder name		Office sou	ught			Office he	ld	

#### **UNPAID INCURRED OBLIGATIONS** SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expens Travel Out of District Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 10/11 **MEGAPHONE** 00080702 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date 6 Payee name 06/30/2019 RightSide Compliance 7 Amount (\$) Payee address; City: State; Zip Code \$5,001.98 PO Box 341028 Expenditure from Austin, TX 78734 corporate funds TYPE OF X Political Non-Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Reporting and Compliance Consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2019 The Gober Group Amount (\$) Payee address; State; Zip Code City; 3595 RR 620 S \$1,756.50 Ste 200 Expenditure from Austin, TX 78738 corporate funds TYPE OF Non-Political X Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## **TEXT ANNOTATION**

Sch: 1/1 Rpt: 11/11

FILER NAME
Filer ID (Ethics Commission Filers)
00080702

Schedule

Corrected Items

Record Type	Tracking Info	Record Detail
Report Info	Report	100755298
Expenditure Info (F1)	Report	06/21/2019 - \$34,052.47 - Refund of Contribution
Expenditure Info (F2)	Report	06/30/2019 - \$5,001.98 - Reporting and Compliance Consulting
Expenditure Info (F2)	Report	06/30/2019 - \$1,756.50 - Legal Services