

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 COMMITTEE NAME  OUR TOWN AUSTIN				<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  2900 W. ANDERSON LANE C200 #132 AUSTIN, TEXAS 78757			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR      FIRST      MI  SHARON NICKNAME      LAST      SUFFIX BLYTHE			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  9206 BRIGADOON COVE AUSTIN, TEXAS 78750			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE		AREA CODE      PHONE NUMBER      EXTENSION  (512) 789-6152			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month      Day      Year      THROUGH      Month      Day      Year 10 / 15 / 19      10 / 27 / 2019			
11 ELECTION		ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description /      / <input type="checkbox"/> General <input type="checkbox"/> Special			

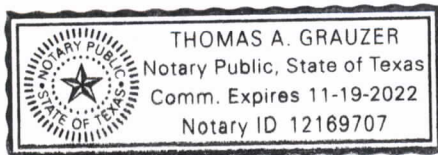
GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME <u>OUR TOWN AUSTIN</u>		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #
	ELECTION DATE Month Day Year <u>RECALL CM DIST 9 KATHIE TUDU, RECALL CM DIST 8 PAIGE ELLIS, RECALL CM DIST 1 NATASHA HAVARD-MERISON, RECALL CM DISTRICT 35 ADINA PIRENTEAU, RECALL CM DIST 5 ANN KITCHEN</u>	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,436.68
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 620.68
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,816.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <del>4,816.00</del> -0-

## 16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Sharon Bythe  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Sharon Bythe, this the 28th day of October, 20 19, to certify which, witness my hand and seal of office.

Thomas A. Grauzer Printed name of officer administering oath  
Thomas A. Grauzer Signature of officer administering oath  
Notary Public Title of officer administering oath

**SUBTOTALS - SPAC****FORM SPAC  
COVER SHEET PG 3**

<b>17</b> COMMITTEE NAME <i>OUR TOWN AUSTIN</i>		<b>18</b> Filer ID (Ethics Commission Filers)
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5436.68</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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 D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>620.08</i>
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<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: 15

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

LEE MC LAUGHLIN

7 Amount of contribution (\$)

\$ 52.23

6 Contributor address;

City;

State;

Zip Code

11512 SANDY LOAM  
AUSTIN, TEXAS 78750

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

PEGGY MAXWELL

Amount of contribution (\$)

\$ 104.15

Contributor address;

City;

State;

Zip Code

6505 WINTERBERRY DR  
AUSTIN, TEXAS 78750

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

PETER MENICE

Amount of contribution (\$)

\$ 52.23

Contributor address;

City;

State;

Zip Code

2801 CAVERN MIST LANE  
AUSTIN, TEXAS 78739

Principal occupation / Job title (See Instructions)

INSURANCE AGENT

Employer (See Instructions)

SELF

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

LEAH WHEELER

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

7300 RAW CREEK PARKWAY  
AUSTIN, TEXAS 78759

Principal occupation / Job title (See Instructions)

INVESTMENT ADVISOR

Employer (See Instructions)

REAP FINANCIAL

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: 15

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

LADY PERRON

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$104.15

6 Contributor address;

City;

State;

Zip Code

2602 OAKDALE COURT  
AUSTIN, TEXAS 78703

8 Principal occupation / Job title (See Instructions)

WILDLIFE REHAB

9 Employer (See Instructions)

RETIRED

Date

10/22/19

Full name of contributor

SUSAN SPATANO

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$259.92

Contributor address;

City;

State;

Zip Code

6628 HASWELL LANE  
AUSTIN, TEXAS 78749

Principal occupation / Job title (See Instructions)

FINANCIAL CONSULTANT

Employer (See Instructions)

RETIRED

Date

10/22/19

Full name of contributor

HANNAH HEERLEIN

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

8908 BALCONES CLUB DR.  
AUSTIN, TEXAS 78750

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

REAR

Date

10/22/19

Full name of contributor

BRIAN SMITH

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

9905 CHANTHOUSE COVE  
AUSTIN, TEXAS 78730

Principal occupation / Job title (See Instructions)

DEVELOPER

Employer (See Instructions)

STEV. LLC

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: 15
2 FILER NAME OUR TOWN AUSTIN		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAYLE COLLINGTON	7 Amount of contribution (\$) ✓ \$104.15
6 Contributor address; City; State; Zip Code 901 BAYLOR ST AUSTIN, TEXAS 78703		
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) RETIRED
Date 10/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIN RITTER	Amount of contribution (\$) ✓ \$36.66
Contributor address; City; State; Zip Code 8108 HENRY KINNEY ROW AUSTIN, TEXAS 78749		
Principal occupation / Job title (See Instructions) BUSINESS DEVELOPMENT		Employer (See Instructions) PRO-LIFT
Date 10/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVOR G. SMITH	Amount of contribution (\$) ✓ \$5.50
Contributor address; City; State; Zip Code 6501 WM. CANNON WEST AUSTIN, TEXAS 78735		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM GRANGER	Amount of contribution (\$) ✓ \$26.27
Contributor address; City; State; Zip Code 2612 WOOLDRIDGE AUSTIN, TEXAS 78703		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

SHEILA ROAN

7 Amount of contribution (\$)

\$ 26.27

6 Contributor address;

City;

State;

Zip Code

1501 MORNOW ST  
AUSTIN, TEXAS 78757

8 Principal occupation / Job title (See Instructions)

SALES

9 Employer (See Instructions)

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

LEANNE STANLEY

Amount of contribution (\$)

5 26.27  
42.16

Contributor address;

City;

State;

Zip Code

3212 JOHN CAMBULUS TRAIL  
AUSTIN, TEXAS 78735

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

RETIRED

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

MELISSA DE PACTEN

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

206 E. LISA DRIVE  
AUSTIN, TEXAS 78757

Principal occupation / Job title (See Instructions)

LEGAL SECRETARY

Employer (See Instructions)

BAKER BONS

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL WEEKS

Amount of contribution (\$)

\$52.23

Contributor address;

City;

State;

Zip Code

4802 COUNTS COVE  
AUSTIN, TEXAS 78749

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: 15

2 FILER NAME

OWN TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

LESLIE GROVE

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

3919 SIENNA DR.

AUSTIN, TEXAS

78731

8 Principal occupation / Job title (See Instructions)

LICENSED PROFESSIONAL

9 Employer (See Instructions)

SELF

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

BARBARA EASTEN

Amount of contribution (\$)

\$26.27

Contributor address;

City;

State;

Zip Code

701 TEXAS AVENUE

AUSTIN, TEXAS 78705

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

ANGELA TEMPLE

Amount of contribution (\$)

\$26.27

Contributor address;

City;

State;

Zip Code

217 SAN CARLOS

PIEDMONT, CALIFORNIA

94611

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

GARY ALLEN

Amount of contribution (\$)

\$52.23

Contributor address;

City;

State;

Zip Code

2529 WINCHELL LANE

AUSTIN, TEXAS 78725

Principal occupation / Job title (See Instructions)

TECHNICIAN

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1: 15

2 FILER NAME

OWN TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

YVONNE HELLER SEST

7 Amount of contribution (\$)

826.27

6 Contributor address;

City;

State;

Zip Code

2203 TOWER DRIVE

AUSTIN, TEXAS

78703

8 Principal occupation / Job title (See Instructions)

NURSE

9 Employer (See Instructions)

SELF

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

RENE MC LAUCHLIN

Amount of contribution (\$)

\$104.15

Contributor address;

City;

State;

Zip Code

1705 GRAYWOODS COVE

AUSTIN, TEXAS

78704

Principal occupation / Job title (See Instructions)

PET INDUSTRY

Employer (See Instructions)

SELF

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

SUSAN AULER

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

1402 SAN ANTONIO ST

AUSTIN, TEXAS

78701

Principal occupation / Job title (See Instructions)

INVESTMENTS

Employer (See Instructions)

SELF

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#:

WILLIAM NICHOLS

Amount of contribution (\$)

\$52.23

Contributor address;

City;

State;

Zip Code

8601 FENTON DR.

AUSTIN, TEXAS

78736

Principal occupation / Job title (See Instructions)

CONSTRUCTION CONTRACTOR

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

STACIE NEAL

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

9014 BALCONES CLUB DR.  
AUSTIN, TEXAS 78750

8 Principal occupation / Job title (See Instructions)

EDITOR

9 Employer (See Instructions)

CONNECT WORLDWIDE

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

ALAN MOORE

Amount of contribution (\$)

\$519.52

Contributor address;

City;

State;

Zip Code

2420 HARRIS BLVD.  
AUSTIN, TEXAS 78703

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

RETIRED

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

PAMELA RUTH

Amount of contribution (\$)

\$26.27

Contributor address;

City;

State;

Zip Code

4622 LAKEVIEW DR.  
AUSTIN, TEXAS 78731

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

KRISTEN PFEIFFER

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

400 A EAST 22nd ST  
AUSTIN, TEXAS 78705

Principal occupation / Job title (See Instructions)

RESEARCHER

Employer (See Instructions)

DELL EMC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15

2 FILER NAME

OWN TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

HUGH HIGGINS

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$52.23

6 Contributor address;

City;

State;

Zip Code

8115 EAST COURT

AUSTIN, TEXAS

78759

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

RETIRED

Date

10/22/19

Full name of contributor

SHERRY CALLAHAN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

10624 OAKVIEW DR.

AUSTIN, TEXAS

78759

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

10/22/19

Full name of contributor

ANTHONY CARPENTER

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

2904 GARVEY COVE

AUSTIN, TEXAS

78748

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/19

Full name of contributor

JUDITH SIMONDS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$52.23

Contributor address;

City;

State;

Zip Code

4008 STONECRAFT DR

AUSTIN, TEXAS

78749

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

AUSTIN COMMUNITY COLLEGE

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

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1 Total pages Schedule A1: 15

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

VERONYCA HUNST

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

1516 VILLANOVA DR  
AUSTIN, TEXAS 78757

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

10/23/19

Full name of contributor

JASON MC CLELLAND

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

4901 CANYONWOOD DR.  
AUSTIN, TEXAS 78735

Principal occupation / Job title (See Instructions)

TECHNICIAN

Employer (See Instructions)

AT&T

Date

10/23/19

Full name of contributor

WILL WINSAUER

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1913 CLIFF ST UNIT 2  
AUSTIN, TEXAS 78705

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/23/19

Full name of contributor

MANTHA LEFNER

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$104.15

Contributor address;

City;

State;

Zip Code

2579 WESTERN TRAILS BLVD  
AUSTIN, TEXAS 78745

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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: 15

2 FILER NAME

OWN TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

CARL PETERSON

7 Amount of contribution (\$)

\$26.27

6 Contributor address;

City;

State;

Zip Code

2819 SAN ANTONIO

AUSTIN, TEXAS 78665

8 Principal occupation / Job title (See Instructions)

Auditor

9 Employer (See Instructions)

STATE OF TEXAS

Date

10/23/19

Full name of contributor

☐ out-of-state PAC (ID#)

KURT SOMENHOLTER

Amount of contribution (\$)

\$104.15

Contributor address;

City;

State;

Zip Code

12730 PAULS VALLEY Rd

AUSTIN, TEXAS 78737

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

SELF

Date

10/23/19

Full name of contributor

☐ out-of-state PAC (ID#)

STEVEN PENNY

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2618 NATURAL VIEW LOOP

AUSTIN, TEXAS 78619

Principal occupation / Job title (See Instructions)

SALES REP

Employer (See Instructions)

MCKESSON

Date

10/23/19

Full name of contributor

☐ out-of-state PAC (ID#)

TOM CUMMINS

Amount of contribution (\$)

\$52.23

Contributor address;

City;

State;

Zip Code

3215 EXPOSITION BLVD B-21

AUSTIN, TEXAS 78703

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

TOM CUMMINS REAL ESTATE

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

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1 Total pages Schedule A1: 15

2 FILER NAME

OWN TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

ALTON MANTIN

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

208 PARK LANE  
AUSTIN, TEXAS 78704

8 Principal occupation / Job title (See Instructions)

NONE

9 Employer (See Instructions)

RETIRED

Date

10/23/19

Full name of contributor

☐ out-of-state PAC (ID#)

PAT DRAKE

Amount of contribution (\$)

\$104.15

Contributor address;

City;

State;

Zip Code

12705 SILVER CREEK DRIVE  
AUSTIN, TEXAS 78727

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/23/19

Full name of contributor

☐ out-of-state PAC (ID#)

MANTIN ALFONSI

Amount of contribution (\$)

\$26.27

Contributor address;

City;

State;

Zip Code

1506 W. 30TH ST.  
AUSTIN, TEXAS 78727

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/23/19

Full name of contributor

☐ out-of-state PAC (ID#)

BRIAN DE VANY

Amount of contribution (\$)

\$52.23

Contributor address;

City;

State;

Zip Code

54 RAINEY ST # 908  
AUSTIN, TEXAS 78701

Principal occupation / Job title (See Instructions)

CFU

Employer (See Instructions)

DIRECT BIOLOGICS

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: 15

2 FILER NAME

OWN TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

LUTHER LAWSON

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

360 NUCCES  
AUSTIN, TEXAS 78701

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

10/24/19

Full name of contributor

☐ out-of-state PAC (ID#)

CLAIR DAVIS

Amount of contribution (\$)

\$52.23

Contributor address;

City;

State;

Zip Code

6115 MOUNTAIN VILLA  
AUSTIN, TEXAS 78731

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

CM DAVIS III

Date

10/24/19

Full name of contributor

☐ out-of-state PAC (ID#)

JACKI BUCI

Amount of contribution (\$)

\$104.15

Contributor address;

City;

State;

Zip Code

10005 ROCKING HORSE  
AUSTIN, TEXAS 78749

Principal occupation / Job title (See Instructions)

OFFICE MANAGER

Employer (See Instructions)

TEXAS COMMUNITY PROPERT

Date

10/24/19

Full name of contributor

☐ out-of-state PAC (ID#)

STEPHEN DUVAL

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

12913 WATER WHEEL ~~AUSTIN~~  
AUSTIN, TEXAS 78729

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15

2 FILER NAME

OWN TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

WAYNE BARNES

7 Amount of contribution (\$)

852.23

6 Contributor address;

City;

State;

Zip Code

5114 BALCONES WOODS  
AUSTIN, TEXAS

78759

8 Principal occupation / Job title (See Instructions)

CONTRACTOR

9 Employer (See Instructions)

SELF

Date

10/24/19

Full name of contributor

☐ out-of-state PAC (ID#)

JUNE DAVIS

Amount of contribution (\$)

850.00

Contributor address;

City;

State;

Zip Code

3607 PINNACLE ROAD  
AUSTIN, TEXAS

78746

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

10/24/19

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES HOOTEN

Amount of contribution (\$)

8104.15

Contributor address;

City;

State;

Zip Code

3713 TRAVIS COUNTRY CIRCLE  
AUSTIN, TEXAS

78735

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/24/19

Full name of contributor

☐ out-of-state PAC (ID#)

ELIZABETH GADE

Amount of contribution (\$)

825.00

Contributor address;

City;

State;

Zip Code

4804 CANYON BEND COVE  
AUSTIN, TEXAS

78735

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

AISD

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15

2 FILER NAME

OUR TOWN AUSTIN

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/14

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

STEVE JONES

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

107 VINCA

LAKELAND, TEXAS 78734

8 Principal occupation / Job title (See Instructions)

MANAGER

9 Employer (See Instructions)

RETIRED

Date

10/25/14

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

PETER STEW

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

4502 RUSSELL DRIVE  
AUSTIN, TEXAS 78745

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

10/24/14

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LINDA ROBERTS

Amount of contribution (\$)

\$104.15

Contributor address;

City;

State;

Zip Code

3106 FONTANA DRIVE  
AUSTIN, TEXAS 78704

Principal occupation / Job title (See Instructions)

BIZ OWNER

Employer (See Instructions)

GCC

Date

10/27/14

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

MANUIN SMITH

Amount of contribution (\$)

\$1038.73

Contributor address;

City;

State;

Zip Code

5503 CAPICE DR.  
AUSTIN, TEXAS 78731

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

✓

10/22/19

FRANCISCO LUCA

\$350.00

6 Contributor address;

City;

State;

Zip Code

1108 GEMINI DR.

AUSTIN, TEXAS 78756

8 Principal occupation / Job title (See Instructions)

COMMUNICATIONS

9 Employer (See Instructions)

STATE OF TEXAS

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

✓

10/27/19

STEVE WIDNER

\$208.00

Contributor address;

City;

State;

Zip Code

3807 HUNTERWOOD PLACE

AUSTIN, TEXAS 78746

Principal occupation / Job title (See Instructions)

Surgeon

Employer (See Instructions)

SELF

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

# 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  
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 F1: <b>2</b>		2 FILER NAME <b>OUR TOWN AUSTIN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-29-19</b>		5 Payee name <b>GO DADDY</b>			
6 Amount (\$) <b>\$403.50</b>		7 Payee address; City; State; Zip Code <b>14455 N. HYDEN RD #219 SCOTTSDALE, ARIZ 85260</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>OTHER - TECHNICAL SERVICES</b>		(b) Description <b>WEBSITE</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>10-15-19</b>		Payee name <b>PAK MAIL</b>			
Amount (\$) <b>\$55.00</b>		Payee address; City; State; Zip Code <b>2900 W. ANDERSON LANE C206 AUSTIN, TEXAS 78757</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BUSINESS SERVICES</b>		Description <b>OVERHEAD</b>		
	<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					
Date <b>10/27/19</b>		Payee name <b>DONOR BOX</b>			
Amount (\$) <b><del>76.30</del> 76.30</b>		Payee address; City; State; Zip Code <b>53 RD ST. STE 900 SAN FRANCISCO, CALIF. 94103</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BUSINESS SERVICES-</b>		Description <b>FEES TO SET UP DONOR BOX</b>		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# 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

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 F1: **2** 2 FILER NAME **OWN TOWN AUSTIN** 3 Filer ID (Ethics Commission Filers)

4 Date **10/25/19** 5 Payee name **FEO EX**

6 Amount (\$) **8 85.25** 7 Payee address; City; State; Zip Code

**9222 BUNNET RD  
AUSTIN, TEXAS 78758**

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

**PURPOSE  
OF  
EXPENDITURE**

**PRINTING EXPENSES**

**PRINT PETITIONS**

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 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

**PURPOSE  
OF  
EXPENDITURE**

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

Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

**PURPOSE  
OF  
EXPENDITURE**

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

Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED