#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 3 COMMITTEE NAME OFFICE USE ONLY Austin United PAC Date Received 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE OCC RECEIVED A **ADDRESS** 3110 Manor Rd Ste H Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78723 Receipt # Amount Date Processed Date Imaged 5 CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** NAME Derek **NICKNAME** LAST SUFFIX Ensign CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** STREET 4710 Santa Anna St. Austin TX 78721 **ADDRESS** (Residence or Business) CAMPAIGN STREET OR PO BOX: APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 512-925-1830 9 REPORT January 15 30th day before election Exceeded \$500 Limit **TYPE** X 8th day before election Dissolution (Attach PAC-DR) July 15 10th day after campaign treasurer Runoff 10 PERIOD Month Day Year Month Day Year COVERED **THROUGH** 10/25/2019 09/27/2019 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2019 X General Special **GO TO PAGE 2**

## **SPECIFIC-PURPOSE COMMITTEE REPORT:**

### FORM SPAC

| PURPOSE AN  | D TOTALS  |  | COV                        | ER SHE      | EET PG 2     |
|---|---|--|----------------------------|-------------|--------------|
| 12 COMMITTEE NAME Austin United PAC                                 |   |  | 13 Filer ID                |             |              |
| 14 COMMITTEE<br>PURPOSE   |   | CANDIDATE / OFFICEHOLDER NAME  |                            |             |              |
| (Attach lists on plain paper to complete this report if necessary.) | Candidate Officeholder OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) |  |                            |             |              |
| SUPPORT   |   |  |                            |             |              |
| (Candidate or Measure)  X OPPOSE (Candidate or Measure)             | X Measure   | BALLOT IDENTIFICATION / # Prop A   | ELECTI<br>Month<br>11/05/2 | Day<br>Day  | Year         |
| ASSIST (Officeholder)   | DESCRIPTION Proposing voter approval for convention center develo             |  |                            |             | a limit on   |
| 15 CONTRIBUTION<br>TOTALS   |   | TRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>ES OF LOANS), UNLESS ITEMIZED  | PLEDGES,                   | \$          | \$0.00       |
|   | 2. TOTAL POLITICAL CO   | ONTRIBUTIONS<br>S, LOANS, OR GUARANTEES OF LOANS)  |                            | \$          | \$200,000.00 |
| EXPENDITURE<br>TOTALS   | 3. TOTAL POLITICAL EXPE   | NDITURES OF \$100 OR LESS, UNLESS ITEN   | IIZED                      | \$          | \$0.00       |
|   | 4. TOTAL POLITICAL EX   | KPENDITURES  |                            | \$          | \$161,860.13 |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONT<br>REPORTING PERIOD                                   | TRIBUTIONS MAINTAINED AS OF THE LAST I   | DAY OF THE                 | \$          | \$95,481.89  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT DAY OF THE REPORTING                                | UNT OF ALL OUTSTANDING LOANS AS OF T<br>G PERIOD   | HE LAST                    | \$          | \$0.00       |
| No.   | , to certify which  | I swear, or affirm, under penalty of perjuand correct and includes all information Title 15, Election Code.  Signature of Can, the witness my hand and seal of office. | required to be             | er 28 mal b | day          |

### SUBTOTALS - SPAC

# FORM SPAC COVER SHEET PG 3

|   |                                 |              | 3 of 9               |  |  |  |  |  |  |
|---|---------------------------------|--------------|----------------------|--|--|--|--|--|--|
| 17 COMMITTEE NAME Austin United PAC                       |                                 | 18 Filer ID  |                      |  |  |  |  |  |  |
| 19 SCHEDULE SUBTOTALS                                     |                                 |              |                      |  |  |  |  |  |  |
| NAME OF SCHEDULE  | SUBTOTAL AMOUNT                 |              |                      |  |  |  |  |  |  |
| 1. X SCHEDULE A1: MONETARY POLITICAL CO                   | NTRIBUTIONS                     |              | \$ 200,000.00        |  |  |  |  |  |  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND)                    | ) POLITICAL CONTRIBUTIONS       |              | \$                   |  |  |  |  |  |  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                      |                                 |              | \$                   |  |  |  |  |  |  |
| 4. SCHEDULE C1: MONETARY CONTRIBUTION                     | NS FROM CORPORATION OR LABO     | DR           | \$                   |  |  |  |  |  |  |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) LABOR ORGANIZATION | ) CONTRIBUTIONS FROM CORPORA    | ATION OR     | \$                   |  |  |  |  |  |  |
| 6. SCHEDULE D: PLEDGED CONTRIBUTIONS                      | FROM CORPORATION OR LABOR       | ORGANIZATION | \$                   |  |  |  |  |  |  |
| 7. SCHEDULE E: LOANS                                      |                                 |              | \$                   |  |  |  |  |  |  |
| 8. X SCHEDULE F1: POLITICAL EXPENDITURES                  | S FROM POLITICAL CONTRIBUTION   | S            | <b>\$</b> 161,860.13 |  |  |  |  |  |  |
| 9. SCHEDULE F2: UNPAID INCURRED OBLIGA                    | ATIONS                          |              | \$                   |  |  |  |  |  |  |
| 10. SCHEDULE F3: PURCHASE OF INVESTMEN                    | NTS FROM POLITICAL CONTRIBUTION | ONS          | \$                   |  |  |  |  |  |  |
| 11. SCHEDULE F4: EXPENDITURES MADE BY                     | CREDIT CARD                     |              | \$                   |  |  |  |  |  |  |
| 12. SCHEDULE H: PAYMENT FROM POLITICAL                    | . CONTRIBUTIONS TO A BUSINESS   | OF C/OH      | \$                   |  |  |  |  |  |  |
| 13. X SCHEDULE I: NON-POLITICAL EXPENDITUR                | RES FROM POLITICAL CONTRIBUTION | ONS          | <b>\$</b> 63.98      |  |  |  |  |  |  |
| 14. SCHEDULE K: INTEREST, CREDITS, GAINS TO FILER         | , REFUNDS, AND CONTRIBUTIONS I  | RETURNED     | \$                   |  |  |  |  |  |  |
|   |                                 |              |                      |  |  |  |  |  |  |
|   |                                 |              |                      |  |  |  |  |  |  |

|   | MONET                      | ARY POLITICAL CONTRIBUTION  | SCHEDULE A1                                   |   |
|---|----------------------------|---|---|---|
|   | The Instru                 | ction Guide explains how to complete this   | form.   | 1 Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/9 |
| 2 | FILER NAME<br>Austin Unite |   |   | 3 Filer ID                                      |
| 4 | Date<br>10/09/2019         | 5 Full name of contributor out-of-state PAC (ID#: Austin TeamCo LLC  6 Contributor address; City; State; Zip Code 1835-A Kramer Lane Ste 600 Austin, TX 78758 | 7 Amount of Contribution (\$)<br>\$150,000.00 |   |
| 8 | Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instructions                  |   |
|   | Date<br>10/25/2019         | Full name of contributor out-of-state PAC (ID#: Austin TeamCo LLC Contributor address; City; State; Zip Code 1835-A Kramer Lane Ste 600 Austin, TX 78758      |   | Amount of Contribution (\$)<br>\$50,000.00      |
|   | Principal occu             | pation / Job title (See Instructions)   | Employer (See Instructions                    | )   |
|   |                            |   |   |   |

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.   |
|---|---|---|
| 1 | Total pages Schedule F1:<br>Sch: 1/4 Rpt: 5/9       | 2 FILER NAME Austin United PAC 3 Filer ID   |
| 4 | Date<br>10/17/2019                                  | 5 Payee name Butts, David   |
| 6 | Amount (\$)<br>\$10,000.00                          | 7 Payee address; City; State; Zip Code 1914 Patton Ln  Austin, TX 78723   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consulting   |
| 9 | Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>10/15/2019                                  | Payee name<br>Rindy Miller Media  |
|   | Amount (\$)<br>\$57,500.00                          | Payee address; City; State; Zip Code 2401 E. 6th Street Ste 1007 Austin, TX 78702   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TV Ads      |
|   | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held   |
|   | Date<br>10/08/2019                                  | Payee name<br>Thompson & Knight LLP   |
|   | Amount (\$)<br>\$4,310.00                           | Payee address; City; State; Zip Code  98 San Jacinto Blvd  Ste 1900  Austin, TX 78701   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Legal Services  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Legal consulting |
|   | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held   |
|   |   |   |

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense
Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense
Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

|   | Candidate/Officeholder/Politica<br>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  |
|   | Sch: 2/4 Rpt: 6/9  | Austin United PAC  |
| 4 | Date   | 5 Payee name   |
|   | 10/17/2019   | Y Strategy   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$21,199.64  | 3110 Manor Rd  |
|   |  | Ste H  |
|   |  | Austin, TX 78723   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE  | Printing Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  Mail   |
|   |  | IVIQII   |
| _ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| 9 | Complete ONLY if direct expenditure to benefit C/OH  |  |
|   | Date   | Payee name   |
|   | 10/17/2019   | Y Strategy   |
|   |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$7,000.00   | 3110 Manor Rd  |
|   |  | Ste H  |
|   |  | Austin, TX 78723   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Consulting   |
|   |  | Consulting   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OF  | 1  |
|   | Date   | Payee name   |
|   | 10/17/2019   | Y Strategy   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$2,500.00   | 3110 Manor Rd  |
|   |  | Ste H  |
|   |  | Austin, TX 78723   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITORE  | Check if Austin, TX, officeholder living expense   |
|   |  | Field Management   |
|   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name Office sought Office held  |
|   | - The state of the |  |
|   |  |  |
|   |  |  |

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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
OTHER (enter a category not listed shove)

|   | Credit Card Payment                                    | The Instruction Guide explains how to complete this form.                               |
|---|--|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID   |
|   | Sch: 3/4 Rpt: 7/9                                      | Austin United PAC   |
| 4 | Date   | 5 Payee name  |
|   | 10/17/2019   | Y Strategy  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$3,024.50   | 3110 Manor Rd   |
|   |  | Ste H   |
|   |  | Austin, TX 78723  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.    |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | Canvassing  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                   |
| 9 | expenditure to benefit C/OI                            |   |
|   | Date   | Payee name  |
|   | 10/17/2019   | Y Strategy  |
| _ |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,500.00   | 3110 Manor Rd   |
|   |  | Ste H   |
|   |  | Austin, TX 78723  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|   | OF<br>EXPENDITURE                                      | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | Compliance  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                   |
|   | expenditure to benefit C/O                             | AND   |
|   | Date   | D   |
|   | 10/22/2019   | Payee name  |
|   |  | Y Strategy  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$23,825.99  | 3110 Manor Rd   |
|   |  | Ste H   |
|   |  | Austin, TX 78723  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.              |
|   | EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |
|   |  | Video and mail  |
|   |  |   |
|   | Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held                                   |
|   | emperialitate to beliefit 0/01                         |   |
|   |  |   |
|   |  |   |

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### 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 | y -<br>al Cor | mmittee        | Food/Beverage Expense<br>Gift/Awards/Memorials Expe<br>Legal Services<br>The Instruction Guide |              |            |      | c<br>Contract Labor<br>te this form. |      | Travel in District Travel Out of District OTHER (enter a category not listed above) |        |
|---|---|---------------|----------------|--|--------------|------------|------|--------------------------------------|------|---|--------|
| 1 | Total pages Schedule F1:  | 2             | FILER NAME     |  | •            |            |      |                                      | 3    | Filer ID  | _      |
|   | Sch: 4/4 Rpt: 8/9   |               | Austin Unite   |  |              |            |      |                                      | ·    | 7 1101 12   |        |
| 4 | Date  | 5             | Payee name     | 9  |              |            |      |                                      |      |   |        |
|   | 10/25/2019  |               | Y Strategy     |  |              |            |      |                                      |      |   |        |
| 6 | Amount (\$)   | 7             | Payee addre    | ss; City;  | State;       | Zip Co     | ode  |                                      |      |   | $\neg$ |
|   | \$31,000.00   |               | 3110 Mano      |  |              |            |      |                                      |      |   |        |
|   | 0 2000 4 4 5 500 2 6  |               | Ste H          |  |              |            |      |                                      |      |   |        |
|   |   |               | Austin, TX     | 70722  |              |            |      |                                      |      |   |        |
| _ |   |               |                |  |              |            |      |                                      |      |   |        |
| 8 | PURPOSE<br>OF   | (a)           | Category (S    | ee Categories listed at the top  | of this sche | dule)      | (b)  | Description                          |      |   |        |
|   | EXPENDITURE   |               | Advertising    | Expense  |              |            |      | _                                    |      | de of Texas. Complete Schedule T. officeholder living expense                       |        |
|   |   |               |                |  |              |            |      | Online ads ar                        |      |   |        |
|   |   |               |                |  |              |            |      | Orinine das ai                       | ia a | icolgii   |        |
| 9 | Complete ONLY if direct   | Ц             | Candidate/Offi | iceholder name   |              | <i>u</i> : |      |                                      |      | Office held   | -      |
| 9 | expenditure to benefit C/O  | Η (           | Januluale/On   | centider name  | U            | ffice sou  | ignt |                                      |      | Office held   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   | - 1    |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |
|   |   |               |                |  |              |            |      |                                      |      |   |        |

#### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

|                       | The Instruction Guide explains how to complete this form. |     |   |                 |  |  |  |
|-----------------------|---|-----|---|-----------------|--|--|--|
| 1                     | Total pages Schedule I:                                   | 2   | FILER NAME  |                 | 3 Filer ID   |  |  |
|                       | Sch: 1/1 Rpt: 9/9   |     | Austin United PAC   |                 |  |  |  |
| _                     |   | -   | D   |                 |  |  |  |
| 4                     | Date  | 5   | Payee name  |                 |  |  |  |
|                       | 10/25/2019  |     | Frost Bank  |                 |  |  |  |
| 6                     | Amount (\$)   | 7   | Payee Address; City; State; Zip                                   |                 |  |  |  |
|                       | 12.00   |     | P.O. Box 1600   |                 |  |  |  |
|                       | 1000000 5 2 1 C 5 M                                       |     |   |                 |  |  |  |
|                       |   |     | San Antonio, TX 78296   |                 |  |  |  |
| 8                     | PURPOSE   | (a) | Category (See instructions for examples of acceptable categories) | (b) Description | (See instructions regarding type of information required.) |  |  |
|                       | OF  |     | Fees  | Wire fee        |  |  |  |
| EXPENDITURE           |   |     |   |                 |  |  |  |
|                       |   |     |   |                 |  |  |  |
|                       |   |     |   |                 |  |  |  |
|                       | Date  |     | Payee name  |                 |  |  |  |
|                       | 10/23/2019  |     | Harland Clarke  |                 |  |  |  |
| _                     | Amount (\$)   | _   | Payee Address; City; State; Zip                                   |                 |  |  |  |
|                       | , ( <del>v</del> )  |     |   |                 |  |  |  |
|                       | 51.98   |     | 15955 La Cantera Parkway  |                 |  |  |  |
|                       |   |     |   |                 |  |  |  |
| San Antonio, TX 78256 |   |     |   |                 |  |  |  |
|                       | PURPOSE   | (a) | Category (See instructions for examples of acceptable categories) | (b) Description | (See instructions regarding type of information required.) |  |  |
|                       | OF  |     | Fees  | Checks          |  |  |  |
|                       | EXPENDITURE   |     |   | Oncoks          |  |  |  |
|                       |   |     |   |                 |  |  |  |
|                       |   |     |   |                 |  |  |  |
|                       |   |     |   |                 |  |  |  |