

# 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  |  | 2 Total pages filed:<br>9  |  |           |        |                |  |             |  |
| 3 COMMITTEE NAME<br>PACE PAC   |        |   |  | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">OCC RECEIVED AT<br/>JAN 15 '20 PM4:00</div> Date Hand-delivered or Date Postmarked<br><table border="1" style="width: 100%;"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> |  | Receipt # | Amount | Date Processed |  | Date Imaged |  |
| Receipt #  | Amount |   |  |  |  |           |        |                |  |             |  |
| Date Processed   |        |   |  |  |  |           |        |                |  |             |  |
| Date Imaged  |        |   |  |  |  |           |        |                |  |             |  |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  |        | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3110 Manor Rd<br>Ste H<br>Austin, TX 78723  |  |  |  |           |        |                |  |             |  |
| 5 CAMPAIGN TREASURER NAME  |        | MS / MRS / MR FIRST MI<br><br>James   |  |  |  |           |        |                |  |             |  |
|  |        | NICKNAME LAST SUFFIX<br><br>Russell   |  |  |  |           |        |                |  |             |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         |        | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1801B Ann Arbor Ave, Austin TX 78704   |  |  |  |           |        |                |  |             |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address |        | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  |  |  |           |        |                |  |             |  |
| 8 CAMPAIGN TREASURER PHONE   |        | AREA CODE PHONE NUMBER EXTENSION<br>512-667-0486  |  |  |  |           |        |                |  |             |  |
| 9 REPORT TYPE  |        | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 Limit<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination |  |  |  |           |        |                |  |             |  |
| 10 PERIOD COVERED  |        | Month Day Year      THROUGH      Month Day Year<br>10/26/2019      12/31/2019   |  |  |  |           |        |                |  |             |  |
| 11 ELECTION  |        | ELECTION DATE      ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br>11/05/2019 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special   |  |  |  |           |        |                |  |             |  |

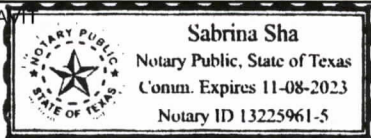
GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

|  |   |  |              |
|--|---|--|--------------|
| 12 COMMITTEE NAME<br>PACE PAC  |   | 13 Filer ID  |              |
| 14 COMMITTEE PURPOSE<br><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input type="checkbox"/> SUPPORT<br>(Candidate or Measure)<br><input checked="" type="checkbox"/> OPPOSE<br>(Candidate or Measure)<br><input type="checkbox"/> ASSIST<br>(Officeholder) | <input type="checkbox"/> Candidate<br><br><input type="checkbox"/> Officeholder                                       | CANDIDATE / OFFICEHOLDER NAME  |              |
|  |   | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)   |              |
|  | <input checked="" type="checkbox"/> Measure   | BALLOT IDENTIFICATION / #<br>Prop A  |              |
|  |   | DESCRIPTION<br>Requiring city council supermajority and voter approval for sports and entertainment venue. |              |
| 15 CONTRIBUTION TOTALS   | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED |  | \$ 0.00      |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  |  | \$ 7.00      |
| EXPENDITURE TOTALS   | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   |  | \$ 0.00      |
|  | 4. TOTAL POLITICAL EXPENDITURES   |  | \$ 18,963.13 |
| CONTRIBUTION BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                |  | \$ 0.00      |
| OUTSTANDING LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         |  | \$ 0.00      |

## 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.

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said James Russell, this the 15 day of January, 20 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 oath

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
3 of 9

|  |   |                    |           |
|--|---|--------------------|-----------|
| <b>17 COMMITTEE NAME</b><br>PACE PAC             |   | <b>18 Filer ID</b> |           |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT    |           |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$                 | 7.00      |
| 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 FROM POLITICAL CONTRIBUTIONS              | \$                 | 18,963.13 |
| 9.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |           |
| 10.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                 |           |
| 11.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$                 |           |
| 12.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                   | \$                 |           |
| 13.  | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS           | \$                 | 9.00      |
| 14.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                 |           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/9 |
| <b>2</b> FILER NAME<br>PACE PAC                                  |   | <b>3</b> Filer ID                                      |
| <b>4</b> Date<br>12/05/2019                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sha, Sabrina<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>3204 Lafayette Ave<br><br>Austin, TX 78722 | <b>7</b> Amount of Contribution (\$)<br><br>\$7.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                   |



# POLITICAL EXPENDITURES 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 5/9              | <b>2</b> FILER NAME<br>PACE PAC  | <b>3</b> Filer ID   |
| <b>4</b> Date<br>10/29/2019   | <b>5</b> Payee name<br>Austin Chronicle  |   |
| <b>6</b> Amount (\$)<br>\$1,545.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>4000 N I H 35<br><br>Austin, TX 78751         |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |
| Date<br>11/12/2019  | Candidate/Officeholder name<br>Butts, David  | Office sought<br>Office held  |
| Amount (\$)<br>\$1,000.00   | Payee address; City; State; Zip Code<br>1914 Patton Ln<br><br>Austin, TX 78723                 |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
| Date<br>11/02/2019  | Candidate/Officeholder name<br>The Long Center   | Office sought<br>Office held  |
| Amount (\$)<br>\$496.40   | Payee address; City; State; Zip Code<br>701 W Riverside Dr<br><br>Austin, TX 78704             |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |

# POLITICAL EXPENDITURES 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 6/9              | <b>2</b> FILER NAME<br>PACE PAC   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>11/04/2019   | <b>5</b> Payee name<br>Travis County Democratic Party                                     |   |
| <b>6</b> Amount (\$)<br>\$2,848.68                                  | <b>7</b> Payee address; City; State; Zip Code<br>1311-B E 6th St.<br><br>Austin, TX 78702 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Texting        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Texting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/05/2019  | Payee name<br>Travis County Democratic Party  |   |
| Amount (\$)<br>\$4,790.05   | Payee address; City; State; Zip Code<br>1311-B E 6th St.<br><br>Austin, TX 78702          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Texting               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Texting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/05/2019  | Payee name<br>Y Strategy  |   |
| Amount (\$)<br>\$2,483.00   | Payee address; City; State; Zip Code<br>3110 Manor Rd<br>Ste H<br>Austin, TX 78723        |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 7/9              | <b>2</b> FILER NAME<br>PACE PAC   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>11/05/2019   | <b>5</b> Payee name<br>Y Strategy   |  |
| <b>6</b> Amount (\$)<br>\$5,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>3110 Manor Rd<br>Ste H<br>Austin, TX 78723   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| Date<br>11/05/2019  | Candidate/Officeholder name<br>Y Strategy   | Office sought<br>Office held   |
| Amount (\$)<br>\$800.00   | Payee address; City; State; Zip Code<br>3110 Manor Rd<br>Ste H<br>Austin, TX 78723            |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Design             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Design     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |
|   | Candidate/Officeholder name   | Office sought<br>Office held   |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule I:<br>Sch: 1/1 Rpt: 8/9 | <b>2</b> FILER NAME<br>PACE PAC  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>11/29/2019                           | <b>5</b> Payee name<br>Frost Bank  |  |
| <b>6</b> Amount (\$)<br>9.00                          | <b>7</b> Payee Address; City; State; Zip<br>P.O. Box 1600<br><br>San Antonio, TX 78296 |  |
| <b>8</b> PURPOSE<br>OF<br>EXPENDITURE                 | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Fees   | <b>(b)</b> Description (See instructions regarding type of information required.)<br>Service Fee |



**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC-DR**

9 of 9

The Instruction Guide explains how to complete this form. **\*\*Complete only if "Report Type" on page 1 is marked "Dissolution" \*\***

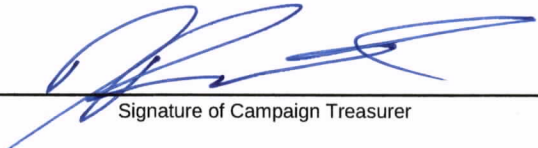
**1** COMMITTEE NAME

PACE PAC

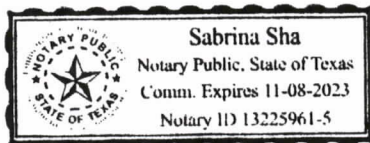
**2** Filer ID

**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 James Russell, this the 15 day of January, 2020, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Sabrina Sha  
Printed name of officer administering oath

Notary  
Title of officer administering oath