

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) 00090474		2 Total pages filed: 21	
3 COMMITTEE NAME Our Town Austin				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2020 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, TX 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, TX 78750			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX			
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 checked="" type="checkbox"/> July 15 <input 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 Month Day Year 01/01/2020 THROUGH 06/30/2020			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/03/2020 <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 Our Town Austin		13 Filer ID (Ethics Commission Filers) 00090474	
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 <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 11/03/2020	
		DESCRIPTION Recall Mayor Steve Adler	
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)		\$ 2,275.10
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 3,864.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 674.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

16 AFFIDAVIT

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 Blythe

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 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

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC
ADDENDUM

Page 3 of 21

12 COMMITTEE NAME Our Town Austin		13 Filer ID (Ethics Commission Filers) 00090474	
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 (Officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION Recall Natasha Harper-Madison	
		ELECTION DATE MONTH DAY YEAR 11/03/2020	
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 (Officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION Recall Sabino Renteria	
		ELECTION DATE MONTH DAY YEAR 11/03/2020	
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 (Officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION Recall Ann Kitchen	
		ELECTION DATE MONTH DAY YEAR 11/03/2020	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC
ADDENDUM

Page 4 of 21

12 COMMITTEE NAME Our Town Austin		13 Filer ID (Ethics Commission Filers) 00090474		
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 (Officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME		
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR 11/03/2020	
		DESCRIPTION Recall Paige Ellis		
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 (Officeholders only)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME		
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR 11/03/2020	
		DESCRIPTION Recall Katie Tovo		

SUBTOTALS - SPAC**FORM SPAC**
COVER SHEET PG 3
5 of 21

17 COMMITTEE NAME Our Town Austin	18 Filer ID (Ethics Commission Filers) 00090474
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19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,275.10
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,864.44
9. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/8 Rpt: 6/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaver, Mary 6 Contributor address; City; State; Zip Code 6801 Beckett Rd 133R Austin, TX 78749	7 Amount of Contribution (\$) \$26.27
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Harry Contributor address; City; State; Zip Code 1901 East Anderson Lane Apt 1 Austin, TX 78752	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Brandon Contributor address; City; State; Zip Code 2700 Culver Cliff Lane Cedar Park, TX 78613	Amount of Contribution (\$) \$21.08
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castille, Joseph Contributor address; City; State; Zip Code 1700 Brown Bear Lane Manchaca, TX 78652	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ValleyView
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castille, Joseph Contributor address; City; State; Zip Code 1700 Brown Bear Lane Manchaca, TX 78652	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) ValleyView

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 7/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chastain, Stephen 6 Contributor address; City; State; Zip Code 3501 Peregrine Falcon Dr Austin, TX 78746	7 Amount of Contribution (\$) \$52.23
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/14/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Bryan Contributor address; City; State; Zip Code 2400 Wickersham Lane Austin, TX 78741	Amount of Contribution (\$) \$10.70
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Currie, Jay Contributor address; City; State; Zip Code 8905 Villa Norte Dr Austin, TX 78726	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self
Date 03/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darr, Shyra Contributor address; City; State; Zip Code 4601 Moose Drive Austin, TX 78749	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) TX HHSC
Date 01/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Pagter, Melissa Contributor address; City; State; Zip Code 206 E. Lisa Drive Austin, TX 78752	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 8/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Pagter, Melissa 6 Contributor address; City; State; Zip Code 206 E. Lisa Drive Austin, TX 78752	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Legal Secretary		9 Employer (See Instructions) Baker Botts LLP
Date 03/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Pagter, Melissa Contributor address; City; State; Zip Code 206 E. Lisa Drive Austin, TX 78752	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP
Date 04/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Pagter, Melissa Contributor address; City; State; Zip Code 206 E. Lisa Drive Austin, TX 78752	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP
Date 05/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Pagter, Melissa Contributor address; City; State; Zip Code 206 E. Lisa Drive Austin, TX 78752	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP
Date 06/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Pagter, Melissa Contributor address; City; State; Zip Code 206 E. Lisa Drive Austin, TX 78752	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions) Baker Botts LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 9/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Charles <hr/> 6 Contributor address; City; State; Zip Code 4527 N Lamar Blvd Austin, TX 78751	7 Amount of Contribution (\$) \$26.27
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self-employed
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Mark <hr/> Contributor address; City; State; Zip Code 54 Rainey St. Unit 1206 Austin, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed
Date 02/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Graham <hr/> Contributor address; City; State; Zip Code 12715 Yearling Cove Austin, TX 78727	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethern, Steve <hr/> Contributor address; City; State; Zip Code 4415 Eagles Landing Drive Austin, TX 78735	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) 3M
Date 01/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallock, Pam <hr/> Contributor address; City; State; Zip Code 9110 Happy Trail Austin, TX 78754	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 10/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth 6 Contributor address; City; State; Zip Code 4900 Interlachen Lane Austin, TX 78747	7 Amount of Contribution (\$) \$10.70
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Retired
Date 03/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth Contributor address; City; State; Zip Code 4900 Interlachen Lane Austin, TX 78747	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 04/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth Contributor address; City; State; Zip Code 4900 Interlachen Lane Austin, TX 78747	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 05/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ruth Contributor address; City; State; Zip Code 4900 Interlachen Lane Austin, TX 78747	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 02/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Linda Contributor address; City; State; Zip Code 2203 Indian Trail Austin, TX 78703	Amount of Contribution (\$) \$52.23
Principal occupation / Job title (See Instructions) Caretaker		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 11/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Laura 6 Contributor address; City; State; Zip Code 6701 Manzanita Street Austin, TX 78759	7 Amount of Contribution (\$) \$52.23
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-employed
Date 02/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kodosky, Warren Contributor address; City; State; Zip Code 8700 Sparta Lane Austin, TX 78729	Amount of Contribution (\$) \$104.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozak, Jeanna Contributor address; City; State; Zip Code 4251 FM2181 Corithn, TX 76210	Amount of Contribution (\$) \$52.23
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kranz, Richard Contributor address; City; State; Zip Code 40 N Interstate 35, Apt 6A3 Austin, TX 78701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed
Date 01/13/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malachow, Steve Contributor address; City; State; Zip Code 4721 Monte Carmelo Place Austin, TX 78738	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 12/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/18/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Amy <hr/> 6 Contributor address; City; State; Zip Code 5908 Nasco Dr Austin, TX 78757	7 Amount of Contribution (\$) \$26.27
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Capital Title
Date 01/04/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odem, Kerry <hr/> Contributor address; City; State; Zip Code 12221 Tawny Farms Road Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-employed
Date 02/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pekkala, Richard <hr/> Contributor address; City; State; Zip Code 8702 Dorman Cove Austin, TX 78717	Amount of Contribution (\$) \$10.70
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Intel
Date 03/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinigis, Elisa <hr/> Contributor address; City; State; Zip Code 4321 Sendero Dr. Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self-employed
Date 01/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prostko, Tracy <hr/> Contributor address; City; State; Zip Code 112 Barbie Court Lakeway, TX 78734	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 13/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 Date 01/29/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raley, Kris <hr/> 6 Contributor address; City; State; Zip Code 2033 Creole Drive Austin, TX 78728	7 Amount of Contribution (\$) \$26.27
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self-employed
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staley, William <hr/> Contributor address; City; State; Zip Code 1700 University Blvd #1438 Round Rock, TX 78665	Amount of Contribution (\$) \$52.23
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Bank
Date 02/20/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkey, Leanne <hr/> Contributor address; City; State; Zip Code 3212 John Campbell Trail Austin, TX 78735	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thacker, Samuel <hr/> Contributor address; City; State; Zip Code 1401 Satellite VW 3107 Round Rock, TX 78665	Amount of Contribution (\$) \$52.23
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) BFS-USA
Date 06/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Jeff <hr/> Contributor address; City; State; Zip Code 101 Colorado Street Austin, TX 78701	Amount of Contribution (\$) \$104.15
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 14/21

2 FILER NAME
Our Town Austin

3 Filer ID (Ethics Commission Filers)
00090474

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 15/21
2 FILER NAME Our Town Austin		3 Filer ID (Ethics Commission Filers) 00090474
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 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.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 16/21	2 FILER NAME Our Town Austin	3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/15/2020	5 Payee name Dollar Tree	
6 Amount (\$) \$32.48	7 Payee address; City; State; Zip Code 2506 W. Parmer Lane Austin, TX 78727	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/21/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$60.62	Payee name Dollar Tree Payee address; City; State; Zip Code 2506 W. Parmer Lane Austin, TX 78727	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/05/2020	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$15.76	Payee name Donor Box Payee address; City; State; Zip Code 5 3rd Street #900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
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.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 17/21	2 FILER NAME Our Town Austin	3 Filer ID (Ethics Commission Filers) 00090474
4 Date 01/31/2020	5 Payee name Facebook	
6 Amount (\$) \$55.19	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/13/2020	Candidate/Officeholder name Office sought Office held	
Payee name Facebook		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/18/2020	Candidate/Officeholder name Office sought Office held	
Payee name FedEx		
Amount (\$) \$75.00	Payee address; City; State; Zip Code 9222 Burnet Rd #101 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 18/21	2 FILER NAME Our Town Austin	3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/18/2020	5 Payee name FedEx	
6 Amount (\$) \$9.43	7 Payee address; City; State; Zip Code 9222 Burnet Rd #101 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/25/2020	Candidate/Officeholder name	Office sought
Payee name FedEx	Office held	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 9222 Burnet Rd #101 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/25/2020	Candidate/Officeholder name	Office sought
Payee name FedEx	Office held	
Amount (\$) \$65.86	Payee address; City; State; Zip Code 9222 Burnet Rd #101 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/25/2020	Candidate/Officeholder name	Office sought
Payee name FedEx	Office held	
Amount (\$) \$65.86	Payee address; City; State; Zip Code 9222 Burnet Rd #101 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
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.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 19/21	2 FILER NAME Our Town Austin	3 Filer ID (Ethics Commission Filers) 00090474
4 Date 01/10/2020	5 Payee name Goodson, Deanna	
6 Amount (\$) \$315.00	7 Payee address; City; State; Zip Code 4105 Kilgore Lane Austin, TX 78727	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Support
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2020	Payee name Goodson, Deanna	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 4105 Kilgore Lane Austin, TX 78727	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2020	Payee name Super Cheap Signs	
Amount (\$) \$852.43	Payee address; City; State; Zip Code 9200 Waterford Center #100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
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.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 20/21	2 FILER NAME Our Town Austin	3 Filer ID (Ethics Commission Filers) 00090474
4 Date 02/24/2020	5 Payee name Super Cheap Signs	
6 Amount (\$) \$617.03	7 Payee address; City; State; Zip Code 9200 Waterford Center #100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2020	Payee name Super Cheap Signs	
Amount (\$) \$690.64	Payee address; City; State; Zip Code 9200 Waterford Center #100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 21/21

FILER NAME

Our Town Austin

Filer ID (Ethics Commission Filers)

00090474

Schedule

C1

Information entered by filer as a memo:

Our Town Austin did not accept any contributions from a corporation or labor organization.