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 File 00090461	ers)	2 Total pages filed: 5
3 COMMITTEE NAME					OFFICE USE ONLY
The Committee for Even Minimally Sane and Rationa			ernment		Date Received
					ELECTRONICALLY FILED
					01/13/2023
┢	COMMITTEE			ZIP CODE	01/13/2023
 ⁴	ADDRESS	ADDRESS / PO BOX; APT / SUITE #; PO Box 146	CITY; STATE;	ZIP CODE	
	_				Date Hand-delivered or Date Postmarked
	Change of Address	Austin TV 20202			
		Austin, TX 78767			Receipt # Amount
					Date Processed
					Date Hotessed
					Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST			MI
	TREASURER NAME	Michael R.			
		NICKNAME LAST			SUFFIX
		Levy			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS); APT / SU	ITE #; CITY	; STATE; ZIP CODE
	TREASURER STREET	515 Congress			
	ADDRESS	Suite 2375			
	(Residence or Business)	Austin, TX 78701			
7		STREET OR PO BOX;	APT / SU	ITE #; CITY	; STATE; ZIP CODE
TREASURER MAILING					
ADDRESS					
	Change of Address TX				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
		(512) 450-5100			
	PHONE				
9	REPORT	X January 15	0th day before election		Exceeded modified reporting limit
	TYPE		th day before election		Dissolution (Attach PAC-DR)
		July 15	-		
			unoff	L	10th day after campaign treasurer termination
10	PERIOD	Month Day Year		Month Da	ay Year
	COVERED	07/01/2022	THROUGH	12/31	/2022
11	ELECTION	ELECTION DATE			
		Month Day Year	rimary Ru	noff	Other
			ieneral Spo	ecial	
\vdash		· · · · · · · · · · · · · · · · · · ·			
		G	TO PAGE 2		
L For	rms provided by Tex	xas Ethics Commission www	ethics.state.tx.us		Version V3.4.84f8bcf1
10	mo provided by 16/		5		

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC **COVER SHEET PG 2**

			12 Filer ID	(Ethics Commission Filers)	
12 COMMITTEE NAME			13 Filer ID		
The Committee for Ever	n Minimally Sane and Ratio	nal Government	00090461		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this	Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
(Candidate or Measure)			Month	Day Year	
OPPOSE (Candidate or Measure)	Measure		Worth	Day Ica	
(Officeholder)		DESCRIPTION			
, , , , , , , , , , , , , , , , , , ,					
15 CONTRIBUTION	1. TOTAL POLITICAL CONT	L FRIBUTIONS OF \$50 OR LESS (OTHER THAI	N PLEDGES.		
TOTALS		ES OF LOANS), UNLESS ITEMIZED		\$ \$0.00	
2. TOTAL POLITICAL CONTRIBUTIONS					
	(OTHER THAN PLEDGES	S, LOANS, OR GUARANTEES OF LOANS)		\$ \$0.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ \$0.00	
				\$0.00	
4. TOTAL POLITICAL EXPENDITURES					
				\$ \$0.00	
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE BALANCE REPORTING PERIOD		DAY OF THE	• ••••••		
DI LEI IIVOE				\$ \$0.00	
OUTSTANDING	6 TOTAL PRINCIPAL AMO	UNT OF ALL OUTSTANDING LOANS AS OF	THELAST		
LOAN TOTALS	DAY OF THE REPORTIN			\$ \$0.00	
16 AFFIDAVIT				•	
10 AFFIDAVII		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
		N diala	R. Levy		
	er				
AFFIX NOTARY					
Sworn to and subscribed before me, by the said				dové	
Sworn to and subscribed before me, by the said, this the, this the, of, 20, to certify which, witness my hand and seal of office.				day	
Signature of officer adr	ministering oath Print	ed name of officer administering oath	litle of office	er administering oath	
Forms provided by Texas F	thics Commission	www.ethics.state.tx.us		Version V3 4 84f8hcf1	

FORM SPAC COVER SHEET PG 3

3 of 5

17 COMM	IITTEE NAME	18 Filer ID	(Ethios Commission Filors)
The C	(Ethics Commission Filers)		
19 SCHEI NAME	SUBTOTAL AMOUNT		
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00	
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00	
3.	X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
7.	X SCHEDULE E: LOANS		\$ 0.00
8.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$
9.	X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SUBTOTALS - SPAC

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

_									
The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 4/5					
2	FILER NAME	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	The Committee for Even Minimally Sane and Rational Government					00090461			
4	TOTAL OF UNITEMIZED PLEDGES				\$			0.00	
5	Date	 6 Full name of pledgor 7 Pledgor Address; cupation / Job title (See Instruct) 	out-of-state PAC (ID#:_ City; State; Zip Code	11 Employer (See Instru	8 Ctic		9	In-kind description (If applicable) of Texas. Complete Sch	iedule T.

LOANS			SCHEDULE	E
The Instruction Guide explains how to complete this fo		ges Schedule E: 1 Rpt: 5/5		
2 FILER NAME The Committee for Even Minimally Sane and Rational Governme	3 Filer ID 000904	(Ethics Commission Filer 161	s)	
⁴ TOTAL OF UNITEMIZED LOANS			\$	0.00
5 Date of loan 7 Name of lender Out-of-state PAC	C (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 None	15 Check if personal funds we	re deposited	i into political account (See Instructions)	
16 GUARANTOR INFORMATION 17 Name of guarantor			19 Amount Guaranteed (S	\$)
not applicable 18 Guarantor address; City; State;	Zip Code			
20 Principal occupation	21 Employer (See Instructions))		
I				