

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090447		2 Total pages filed: 4													
3 COMMITTEE NAME Austin Apartment Association				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/07/2023 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 8620 Burnet Road #475 Austin, TX 78757																
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Emily <hr/> NICKNAME LAST SUFFIX Blair																
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8620 Burnet Road #475 Austin, TX 78757																
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 323-0990 x101																
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)																
10 MONTHLY REPORT FILING DEADLINE	<table border="0"> <tr> <td><input type="checkbox"/> January 5</td> <td><input type="checkbox"/> April 5</td> <td><input type="checkbox"/> July 5</td> <td><input type="checkbox"/> October 5</td> </tr> <tr> <td><input type="checkbox"/> February 5</td> <td><input type="checkbox"/> May 5</td> <td><input checked="" type="checkbox"/> August 5</td> <td><input type="checkbox"/> November 5</td> </tr> <tr> <td><input type="checkbox"/> March 5</td> <td><input type="checkbox"/> June 5</td> <td><input type="checkbox"/> September 5</td> <td><input type="checkbox"/> December 5</td> </tr> </table>					<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input type="checkbox"/> July 5	<input type="checkbox"/> October 5	<input type="checkbox"/> February 5	<input type="checkbox"/> May 5	<input checked="" type="checkbox"/> August 5	<input type="checkbox"/> November 5	<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5
<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input type="checkbox"/> July 5	<input type="checkbox"/> October 5														
<input type="checkbox"/> February 5	<input type="checkbox"/> May 5	<input checked="" type="checkbox"/> August 5	<input type="checkbox"/> November 5														
<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5														
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 06/26/2023 07/25/2023																

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Austin Apartment Association	13 Filer ID (Ethics Commission Filers) 00090447
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 121,263.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT	<p>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.</p> <p>Emily Blair</p> <p>_____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>
---------------------	---

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 4

17 COMMITTEE NAME Austin Apartment Association		18 Filer ID (Ethics Commission Filers) 00090447
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,650.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 4/4	2 FILER NAME Austin Apartment Association	3 Filer ID (Ethics Commission Filers) 00090447
4 Date 06/28/2023	5 Payee name Alpha paving Industries	
6 Amount (\$) 725.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 15 Roundville Lane Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) erroneous contribution refunded	(b) Description (See instructions regarding type of information required.) erroneous contribution refunded
Date 06/28/2023	Payee name Ameristar Screen and Glass	
Amount (\$) 725.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2405 McIver Ln Carrollton, TX 75006	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Erroneous payment refunded	(b) Description (See instructions regarding type of information required.) Erroneous payment refunded
Date 06/28/2023	Payee name Freedom Construction	
Amount (\$) 300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1829 John McCain Road Suite 102 Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Erroneous contribution refunded	(b) Description (See instructions regarding type of information required.) Erroneous contribution refunded
Date 06/28/2023	Payee name Yellowstone Landscapes	
Amount (\$) 900.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3235 North State Street Bunnell, FL 32110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) erroneous contribution	(b) Description (See instructions regarding type of information required.) erroneous contribution refunded