

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

SUPPORT (Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

OPPOSE (Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

PROP 4

11 / 6 / 12

ASSIST (Officeholder)

MEASURE

DESCRIPTION

CITY CHARTER CHANGE AMENDMENT

14 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

15 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.

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 AND TOTALS**

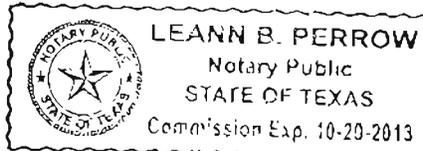
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME	ACCOUNT # (Ethics Commission Filers)
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13 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 (Officerholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officerholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year PROP 3 11 / 6 / 12
		DESCRIPTION CITY CHARTER CHANGING AMENDMENT

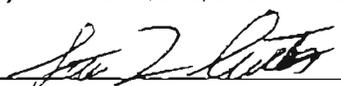
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2,779.61
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,661.87
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,111.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,450.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,326.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

15 AFFIDAVIT



LEANN B. PERROW
Notary Public
STATE OF TEXAS
Commission Exp. 10-20-2013

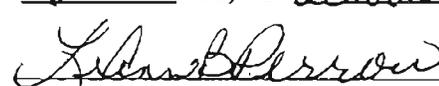
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said STACY L. SUITS, this the 8th day of October, 2012, to certify which, witness my hand and seal of office.


Signature of officer administering oath

LeAnn B. Perrow
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME AUSTINITIES FOR GEOGRAPHIC REPRESENTATION		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/5/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DOM CHAVEZ	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code PO BOX 873, MARYHUA, TX 78652		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/4/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FRED LEWIS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4509 EDGE MOUNT, AUSTIN TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LORRI MICHEL	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 417 WEST LYMAN, AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROGER BAKER	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1303 BENTWOOD, AUSTIN, TX 78722		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEVE SPEAR	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1225 CORUNA, AUSTIN, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>AUSTINIANS FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/9/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>KATHLEEN VALE</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>5919 FAIRLANE, AUSTIN, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CRA HOUSTON</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2207 E 22nd, AUSTIN, TX 78722</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DAVID ALBERT</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1700 BURNW #158, AUSTIN, TX 78741</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/11/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JEFF LOCKE</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>PO Box 40637, Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>HOME PAC CORPORATE</i>	Amount of contribution (\$) <i>4,000.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>8140 EXCHANGE, AUSTIN, TX 78754</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME <i>AUSTINITES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/30/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>DOMINIC CHAUER</i>	7 Amount of contribution (\$) <i>200.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>PO Box 873, MANHATTAN, TX 78652</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>M. HOLDERESS</i>	Amount of contribution (\$) <i>60.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2943 THOUSAND OAKS DR AUSTIN, TX 78776</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>PAUL LIGENE</i>	Amount of contribution (\$) <i>250.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>5001 SEQUAM COVE AUSTIN, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>D. LAUREN RESS</i>	Amount of contribution (\$) <i>200.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1405 HILL MOUNT AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ELIZA MAY</i>	Amount of contribution (\$) <i>75.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>4813 EAGLE FEATHER AUSTIN, TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME <i>AUSTINITES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/29/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>NANCY HOFFMAN</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>6811 MESA PK AUSTIN, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>EDWARD BURKE</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>11311 PICKFAIR AUSTIN, TX 78750</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>RUBEN BAKER</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1303 BENTWOOD AUSTIN, TX 78722</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CHARLIE JACKSON</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>11900 METRIK J163 AUSTIN, TX 78758</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/4/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>OBAMA HOUSTON</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2207 E 22ND AUSTIN, TX 78722</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>AUSTIN-705 FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/10/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>FRAZER MCINTYRE</i>	7 Amount of contribution (\$) <i>100.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address City, State, Zip Code <i>6305 TREADWELL AUSTIN, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/30/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JUDITH PARKER</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code <i>7917 W. RIM DR AUSTIN, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/5/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>BOB Mc GULDRICK</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code <i>10303 TREASURE ISLAND DR AUSTIN, TX 78730</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>HOME PAC COOPERATIVE</i>	Amount of contribution (\$) <i>11,000.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code <i>8140 EXCHANGE AUSTIN, TX 78754</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>M. H. CARROLL JR</i>	Amount of contribution (\$) <i>1,000.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address City, State, Zip Code <i>PO BOX 2066 AUSTIN, TX 78768</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>ACTIVITIES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/10/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>TBE PARTNERS</i>	7 Amount of contribution (\$) <i>1,000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code <i>401 S. MOFAC BLDG II, STE 350 AUSTIN, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/8/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>RITA THOMAS</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>8813 COLLINGWOOD AUSTIN, TX 78748</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>MAJORIE RAE MADLER - DLEWICK</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>PO BOX 7486 AUSTIN, TX 78713</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/20/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>AUSTIN POLICE ASSOC. PAC</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>5817 WILCAS RD. STE 4 AUSTIN, TX 78721</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/21/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>ANGELA FENNEL</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code <i>5708 SPRINGDALE RD AUSTIN, TX 78723</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>AUSTINITES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/19/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>AUSTIN, TEXAS, DEMOCRATS PAC</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>2544 STUTWOOD AUSTIN, TX 78745</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/23/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>ROBIN SCHNEIDER</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2609 SHEARWOOD LANE AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>TEXANS FOR ACCOUNTABLE GOVERNMENT</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1306 BARONETS TRL AUSTIN, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/24/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>JOHN RAMSEY</i>	Amount of contribution (\$) <i>10,000.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>54 ARLING #802 AUSTIN, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/27/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ELIOT KRALJ <i>ELIOT KRALJ</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>3809 GAINES COURT AUSTIN, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>AUSTINITES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/5/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>RUGER BAUER</i>	7 Amount of contribution (\$) <i>2,000.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code <i>1303 BENTONWOOD AUSTIN, TX 78712</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/5/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MICHAEL BARRON</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>108 RIDGEMONT COURT AUSTIN, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/27/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>JEAN LOHKE</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code <i>20 BOX 40637 AUSTIN, TX 78764</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/10/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ARTHUR OLBERT</i>	Amount of contribution (\$) <i>541.25</i>	In-kind contribution description (if applicable) <i>541.25</i> <i>COPIER RENTAL</i>
Contributor address: City, State, Zip Code <i>1906 RALEIGH, AUSTIN, TX 78723</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/16/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ARTHUR OLBERT</i>	Amount of contribution (\$) <i>308.56</i>	In-kind contribution description (if applicable) <i>308.56</i> <i>VOLUNTEER PARTY</i>
Contributor address: City, State, Zip Code <i>1906 RALEIGH, AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME <i>ACTIVITIES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/20/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ARTHUR OLBERT</i>	7 Amount of contribution (\$) <i>202.97</i>	8 In-kind contribution description (if applicable) <i>PRINTING</i>
6 Contributor address: City: State: Zip Code <i>1906 RALEIGH, AUSTIN TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/21/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ARTHUR OLBERT</i>	Amount of contribution (\$) <i>143.58</i>	In-kind contribution description (if applicable) <i>WEB HOSTING</i>
Contributor address: City: State: Zip Code <i>1906 RALEIGH, AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/26/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>CENTRAL TEXAS LIBERTY MEDIA</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>RADIO ADS</i>
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B. 1

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
AUSTINITOS FOR GEOGRAPHIC REPRESENTATION

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date 8/29/12	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) KIRK MITCHELL	8 Amount of pledge (\$) 20,000	9 In-kind description (if applicable)
7 Pledgor address: City, State, Zip Code PO BOX 4023 AUSTIN, TX 78765		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City, State, Zip Code	Amount of pledge (\$) (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 11	2 FILER NAME AUSTINIANS FOR GEOGRAPHIC REPRESENTATION	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/5/12	5 Payee name BUTTRISS PROPERTIES
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6 Amount (\$) 500.⁰⁰	7 Payee address, City, State, Zip Code 7901 CAMERON RD BLDG 3, AUSTIN, TX 78754
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE RENT	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/12	Payee name LARRY WAFF
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Amount (\$) 18,250	Payee address, City, State, Zip Code 19608 N. HORTON AVE # 112, PFLUWICK TX 79660
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/12	Payee name NARON GARR
------------------------	---------------------------------

Amount (\$) 360.⁰⁰	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/12	Payee name MAMUSA TIMSON
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Amount (\$) 156.⁰⁰	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidates/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>PAYMENTS FOR GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7/11/12</i>	5 Payee name <i>NAREN WARDER</i>
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6 Amount (\$) <i>101.00</i>	7 Payee address, City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/13/12</i>	Payee name <i>TERESA ANDERSON</i>
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Amount (\$) <i>500.⁰⁰</i>	Payee address, City, State, Zip Code <i>1438 LOWLANDS HILLS DR. #123, AUSTIN, TX 78759</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/13/12</i>	Payee name <i>SUZY GARFIELD</i>
------------------------	------------------------------------

Amount (\$) <i>405.⁰⁰</i>	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/13/12</i>	Payee name <i>ALBERT MARINO</i>
------------------------	------------------------------------

Amount (\$) <i>341.00</i>	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.	2 FILER NAME <i>BUSINESS FOR GEOGRAPHIC REORGANIZING</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7/13/12</i>	5 Payee name <i>SIMON ROIS</i>
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6 Amount (\$) <i>274.00</i>	7 Payee address, City, State, Zip Code <i>6101 ATWOOD, AUSTIN, TX 78741</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/13/12</i>	Payee name <i>DONNA BARBER</i>
------------------------	-----------------------------------

Amount (\$) <i>157.00</i>	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/13/12</i>	Payee name <i>CHARLENE HARRIS</i>
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Amount (\$) <i>115.50</i>	Payee address, City, State, Zip Code <i>19608 N. HEATHWILD #112, PFLUGVILLE, TX 78660</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/16/12</i>	Payee name <i>LARRY WAFF</i>
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Amount (\$) <i>105.00</i>	Payee address, City, State, Zip Code <i>11608 N. HEATHWILD #112 PFLUGVILLE, TX 78660</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>AUSTINIES FOR GEORGIAN REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/1/12</i>	5 Payee name <i>BOUTROS PROPERTIES</i>
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6 Amount (\$) <i>500.⁰⁰</i>	7 Payee address. City: State: Zip Code <i>7901 CAMERON RD BLDG 3 AUSTIN, TX 78754</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>OFFICE RENT</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/13/12</i>	Payee name <i>LINBA CURTIS</i>
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Amount (\$) <i>220.⁰⁰</i>	Payee address: City: State: Zip Code <i>150 S. SHORE, BOYS TWP, TX 78602</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE - POSTAGE</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/20/12</i>	Payee name <i>JESSICA ELLISON</i>
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Amount (\$) <i>1,000.⁰⁰</i>	Payee address: City: State: Zip Code <i>2212 THRAKER #B AUSTIN, TX 78741</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/20/12</i>	Payee name <i>LAURA PRESSLEY</i>
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Amount (\$) <i>280.⁰⁰</i>	Payee address: City: State: Zip Code <i>2210 WHITE HORSE TRL, AUSTIN, TX 78757</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX B(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>RESOURCES FOR BEGUMAK RE-REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/24/12</i>	5 Payee name <i>CHARLENE HARRON</i>
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6 Amount (\$) <i>710.00</i>	7 Payee address, City, State, Zip Code <i>19608 N. HEATHWOOD #112, FLECKVILLE, TX 78666</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/24/12</i>	Payee name <i>LARRY WAFF</i>
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Amount (\$) <i>160.00</i>	Payee address, City, State, Zip Code <i>19608 N. HEATHWOOD #112, FLECKVILLE, TX 78666</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/29/12</i>	Payee name <i>LINDA CURTS</i>
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Amount (\$) <i>800.00</i>	Payee address, City, State, Zip Code <i>150 S. SHORE, BASCOM, TX 78602</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE OVERHEAD - SUPPLIES</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/31/12</i>	Payee name <i>BUTTRISS PROPERTIES</i>
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Amount (\$) <i>500.00</i>	Payee address, City, State, Zip Code <i>7901 CANTON RD BLDG 3, AUSTIN, TX 78754</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE RENT</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>AUSTINITE FOR GOOD GARDEN RESTAURANT</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>8/31/12</i>	5 Payee name <i>LARRY WAFF</i>
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6 Amount (\$) <i>230.⁰⁰</i>	7 Payee address, City, State, Zip Code <i>1468 N HEATHERWOOD #112 PLEASANTVILLE, TX 78760</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/31/12</i>	Payee name <i>CHARLEEN JARRINO</i>
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Amount (\$) <i>280.⁰⁰</i>	Payee address, City, State, Zip Code <i>1468 N. HEATHERWOOD #112 PLEASANTVILLE, TX 78760</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/5/12</i>	Payee name <i>HESSICA ELLISON</i>
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Amount (\$) <i>1,000.⁰⁰</i>	Payee address, City, State, Zip Code <i>2212 THRASHER #B AUSTIN, TX 78741</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONSULTING</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/5/12</i>	Payee name <i>LIMON LUNTIS</i>
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Amount (\$) <i>2000.⁰⁰</i>	Payee address, City, State, Zip Code <i>150 S. SHORE, BASTROP, TX 78602</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONSULTING</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>MUSTANGS FOR GEOGRAPHIC RE-PRODUCTION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/7/12</i>	5 Payee name <i>LARRY WRIGHT</i>
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6 Amount (\$) <i>250.00</i>	7 Payee address City, State, Zip Code <i>1608 N. HEATHWOOD #112, PFLUGERVILLE, TX 77660</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/7/12</i>	Payee name <i>CHARLENE HARDEN</i>
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Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code <i>1608 N HEATHWOOD # 112, PFLUGERVILLE TX 77660</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/10/12</i>	Payee name <i>IT COPY</i>
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Amount (\$) <i>731.79</i>	Payee address, City, State, Zip Code <i>502 W MLK, AUSTIN, TX 78705</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/13/12</i>	Payee name <i>IT COPY</i>
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Amount (\$) <i>275.00</i>	Payee address City, State Zip Code <i>502 W. MLK, AUSTIN, TX 78705</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING</i>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>AUSTIN FOR GOOD GRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/14/12</i>	5 Payee name <i>SWASH LABS</i>
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6 Amount (\$) <i>2000.00</i>	7 Payee address City, State, Zip Code <i>Po Box 2404 Denton, TX 76202</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SOLICITATION/FUNDRAISING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/14/12</i>	Payee name <i>OUIN PRINT</i>
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Amount (\$) <i>177.63</i>	Payee address, City, State, Zip Code <i>8311 SHORN CREEK, AUSTIN, TX 78757</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/14/12</i>	Payee name <i>LARRY WAFF</i>
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Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/14/12</i>	Payee name <i>CHARLOTTE HARRISON</i>
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Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code <i>19008 N HEATHWOOD #112, PFLUGERVILLE, TX 78660</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>AUSTIN FOR GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/15/12</i>	5 Payee name <i>SUNSHINE LABS</i>
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6 Amount (\$) <i>2000.00</i>	7 Payee address, City, State, Zip Code <i>PO Box 2464, Denton, TX 76202</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SOLICITATION/FUNDRAISING</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/18/12</i>	Payee name <i>Jim Ames</i>
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Amount (\$) <i>306.19</i>	Payee address, City, State, Zip Code <i>1501 BARTON SPRINGS #233, AUSTIN, TX 78724</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/18/12</i>	Payee name <i>SUNNY SUITS</i>
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Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code <i>7807 POWELL ST, AUSTIN, TX 78745</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>LOAN REPAYMENT</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/18/12</i>	Payee name <i>ACE PRINTING</i>
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Amount (\$) <i>271.72</i>	Payee address, City, State, Zip Code <i>7807 POWELL ST, AUSTIN, TX 78745</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

Amount (\$) <i>260.⁰⁰</i>	Payee address: City, State, Zip Code <i>1408 N. LEATHERWOOD #112, PFLUGERVILLE, TX 78660</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>9/24/12</i>	Payee name <i>VILLAGER</i>		
Amount (\$) <i>504.⁰⁰</i>	Payee address: City, State, Zip Code <i>1313 W 235, AUSTIN, TX 78702</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>AUSTIN FOR ECONOMIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/24/12</i>	5 Payee name <i>HOLLY GRAPHICS</i>
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6 Amount (\$) <i>8,457.80</i>	7 Payee address City, State, Zip Code <i>1409 QUAKER RIDGE, AUSTIN, TX 78746</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>PRINTING</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/25/12</i>	Payee name <i>ACE PRINTING</i>
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Amount (\$) <i>2,140.58</i>	Payee address: City, State, Zip Code <i>7807 PINEHURST, AUSTIN, TX 78745</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/25/12</i>	Payee name <i>TURNAROUND PRODUCTIONS</i>
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Amount (\$) <i>200.00</i>	Payee address: City, State, Zip Code <i>4708-B AVE H, AUSTIN, TX 78751</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/25/12</i>	Payee name <i>LA VOZ</i>
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Amount (\$) <i>500.00</i>	Payee address: City, State, Zip Code <i>PO Box 19457, Austin, TX 78760</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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