

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME DEMOCRACY AUSTIN PAC ACCOUNT # (Ethics Commission Filers)

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

CANDIDATE

OFFICEHOLDER

SUPPORT (Candidate or Measure)

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / # CITY OF AUSTIN PROPS 1 & 2 ELECTION DATE 11/06/2012
Month Day Year

DESCRIPTION CHARTER AMENDMENTS RE. ELECTION DATES

| | | |
|-------------------------|---|--------------------------|
| 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) | \$ 56,250. ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 52,690. ⁰⁰ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5,710. ⁰⁰ |
| 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.

M. Martinez
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Martinez, this the 29th day of Oct, 20 12, to certify which, witness my hand and seal of office.

Teresa M. Robinson
Signature of officer administering oath

Printed name of officer administering oath

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: 2

2 FILER NAME DEMOCRACY AUSTIN PAC 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|---|---|---|--|
| 4 Date <u>09/28/12</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>MATT DOW</u> | 7 Amount of contribution (\$) <u>\$50.00</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <u>6109 SHADOW MTN DRIVE AUSTIN, TX 78731</u> | | (If travel outside of Texas, complete Schedule T) | |

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

| | | | |
|--|---|---|--|
| Date <u>09/28/12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JAMES DUEDEGER</u> | Amount of contribution (\$) <u>\$500.00</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <u>1007 MADROSE RD. AUSTIN, TX 78746</u> | | (If travel outside of Texas, complete Schedule T) | |

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

| | | | |
|---|---|---|--|
| Date <u>09/28/12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>TIMOTHY TAYLOR</u> | Amount of contribution (\$) <u>\$150.00</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <u>1902 STAMFORD LANE AUSTIN, TEXAS 78703</u> | | (If travel outside of Texas, complete Schedule T) | |

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

| | | | |
|---|---|---|--|
| Date <u>09/28/12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CHAS RILEY</u> | Amount of contribution (\$) <u>\$100.00</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <u>1310 SAN ANTONIO #1 AUSTIN, TX 78701</u> | | (If travel outside of Texas, complete Schedule T) | |

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

| | | | |
|--|--|---|--|
| Date <u>09/28/12</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>BRANDON JAMES</u> | Amount of contribution (\$) <u>\$100.00</u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <u>901 FOREST VIEW DRIVE WEST LAKE HILLS, TX 78746</u> | | (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 | |
| 2 FILER NAME DEMOCRACY AUSTIN PAC | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/28/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES NIAS | 7 Amount of contribution (\$) \$200.⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1116 NEAGAN TERRACE AUSTIN, TX 78704 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 09/28/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LENDRA DUBOSE | Amount of contribution (\$) \$100.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 8804 COUNWOOD DRIVE AUSTIN, TX 78748 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/28/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHESHER BUEVINS | Amount of contribution (\$) \$50.⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 604 PLAMINGO COVE LAKEWORTH, TX 78739 | | (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) | |

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C: 1 | |
| 2 FILER NAME DEMOCRACY AUSTIN PAC | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/10/12 | 5 Corporation / Labor Organization name AUSTIN FINEARTISTS PAC 6 Corporation / Labor Organization address; City; State; Zip Code 7537 CAMERON ROAD AUSTIN, TX 78752 | 7 Amount of contribution (\$) \$500.00 | 8 In-kind contribution description (if applicable) |
| Date 10/15/12 | Corporation / Labor Organization name MECA BUSINESS W/ PAC Corporation / Labor Organization address; City; State; Zip Code 98 SAN JACINTO, #510 AUSTIN, TX 78701 | Amount of contribution (\$) \$26,000.00 | In-kind contribution description (if applicable) |
| Date 10/12/12 | Corporation / Labor Organization name AUSTIN POLICE ASSOCIATION Corporation / Labor Organization address; City; State; Zip Code 5817 WILKES ROAD, #4 AUSTIN, TX 78721 | Amount of contribution (\$) \$1,500.00 | In-kind contribution description (if applicable) |
| Date 10/12/12 | Corporation / Labor Organization name STRAWNS PROPERTIES Corporation / Labor Organization address; City; State; Zip Code 212 CADENA ST, #300 AUSTIN, TX 78701 | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| Date 10/4/12 | Corporation / Labor Organization name AUSTIN BOARD OF NERVOUS PAIN Corporation / Labor Organization address; City; State; Zip Code 4106 MEDICAL PARKWAY AUSTIN, TX 78756 | Amount of contribution (\$) \$26,000.00 | In-kind contribution description (if applicable) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |

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.

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| 1 Total pages Schedule F: | 2 FILER NAME DEMOCRACY AUSTIN PAC | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--------------------------------------|--|

| | |
|--------------------|----------------------------------|
| 4 Date 10/10/12 | 5 Payee name AUSTIN CHRONICLE |
|--------------------|----------------------------------|

| | |
|-----------------------------|--|
| 6 Amount (\$) \$1,345.00 | 7 Payee address; City; State; Zip Code 4000 N. 1-35 AUSTIN, TX 78751 |
|-----------------------------|--|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING | (b) Description (If travel outside of Texas, complete Schedule T) PRINT ADVERTISING |
|--------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|---------------------------------|
| Date 10/10/12 | Payee name AUSTIN STRATEGIES |
|------------------|---------------------------------|

| | |
|----------------------------|--|
| Amount (\$) \$46,000.00 | Payee address; City; State; Zip Code 1609 UNSCOMB AVE AUSTIN, TX 78704 |
|----------------------------|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description (If travel outside of Texas, complete Schedule T) TELEVISION ADVERTISING |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|--------------------------------|
| Date 10/24/12 | Payee name AUSTIN CHRONICLE |
|------------------|--------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,345.00 | Payee address; City; State; Zip Code 4000 N. 1-35 AUSTIN, TX 78751 |
|---------------------------|--|

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description (If travel outside of Texas, complete Schedule T) PRINT ADVERTISING |
|------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|---------------------------------|
| Date 10/24/12 | Payee name AUSTIN STRATEGIES |
|------------------|---------------------------------|

| | |
|---------------------------|---|
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code 1609 UNSCOMB AVE. AUSTIN, TX 78704 |
|---------------------------|---|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING | Description (If travel outside of Texas, complete Schedule T) TELEVISION ADVERTISING |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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