

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed.</b>  <div style="text-align: right; font-size: 2em; font-weight: bold;">17</div>
<b>3 COMMITTEE NAME</b>  AUSTINITES FOR GEOGRAPHIC REPRESENTATION		<b>OFFICE USE ONLY</b>	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  6705 HWY 290 WEST STG 502 #173 AUSTIN, TX 78735		Date Received  2012 JUL 6
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI STACY L NICKNAME LAST SUFFIX SUITS	Date Hand-delivered or Postmarked 6/17/12	Receipt # Amount Date Processed 3/5/8 Date Imaged 3/5/8
<b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  7807 PONCASTER, AUSTIN, TX 78745		
<b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b>  <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  7807 PONCASTER, AUSTIN, TX 78745		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION  (512) 554-2710		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year  01 / 01 / 12      THROUGH      6 / 30 / 12		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11 / 6 / 2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

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

**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME <i>AUSTINITOS FOR GEOGRAPHIC REPRESENTATION</i>	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 (Officeholder)	<input type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICEHOLDER  <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year _____ 11 / 6 / 12  DESCRIPTION CITY CHARTER CHANGES AMENDMENT
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14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 590.37
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,817.61
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 976.09
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,626.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 185.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 250.00

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.

*Stacy L. Suits*  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stacy L. Suits, this the 16 day of July, 20 2012, to certify which, witness my hand and seal of office.

*H. John Clarke, Jr.*  
\_\_\_\_\_  
Signature of officer administering oath

Printed name of officer administering oath: **H. JOHN CLARKE, JR.**  
Notary Public, State of Texas  
My Commission Expires **MARCH 18, 2014**  
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 FILER NAME

AUSTINIANS FOR GEOGRAPHIC REPRESENTATION

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/31/12

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ARTHUR OLBERT

6 Contributor address; City; State; Zip Code

1906 RALEIGH, AUSTIN, TX 78703

7 Amount of contribution (\$)

476.15

8 In-kind contribution description (if applicable)

WEB SITE DESIGN  
& CONSULTING

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/29/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LESLIE DOWNS

Contributor address; City; State; Zip Code

12203 ANTONETTE PLACE  
AUSTIN, TX 78727

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MIKE LEVY

Contributor address; City; State; Zip Code

515 CONGRESS #2375  
AUSTIN, TX 78701

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

PEOPLE'S PHARMACY

Contributor address; City; State; Zip Code

3801-C SO. LAMAR  
AUSTIN, TX 78704

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

BRIAN RODGERS

Contributor address; City; State; Zip Code

1112 W. 9TH  
AUSTIN, TX 78703

Amount of contribution (\$)

5,000.00

In-kind contribution 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 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

AUSTIN/106 FOR GEOGRAPHIC REPRESENTATION

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-30-12

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ARTHUR OLBERT

6 Contributor address; City; State; Zip Code

1906 RALEIGH, AUSTIN, TX 78703

7 Amount of contribution (\$)

191.88

8 In-kind contribution description (if applicable)

WEBSITE DESIGN  
& CONSULTING

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ARTHUR OLBERT

Contributor address; City; State; Zip Code

1906 RALEIGH, AUSTIN, TX 78703

Amount of contribution (\$)

143.75

In-kind contribution description (if applicable)

WEBSITE DESIGN  
& CONSULTING

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/7/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ARTHUR OLBERT

Contributor address; City; State; Zip Code

1906 RALEIGH, AUSTIN, TX 78703

Amount of contribution (\$)

206.25

In-kind contribution description (if applicable)

GRAPHIC DESIGN

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LAURA PRESSLEY

Contributor address; City; State; Zip Code

2210 WHITEHORSE TR  
AUSTIN, TX 78757

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/25/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

STEVE SAGIR

Contributor address; City; State; Zip Code

1225 LORONA  
AUSTIN, TX 78723

Amount of contribution (\$)

40.00

In-kind contribution 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 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>4/30/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARTHUR OLBERT</i>	7 Amount of contribution (\$) <i>566.67</i>	8 In-kind contribution description (if applicable) <i>WEBSITE DESIGN &amp; CONSULTING</i>
6 Contributor address; City; State; Zip Code <i>906 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>5/2/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRIAN RODGERS</i>	Amount of contribution (\$) <i>2000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1112 W. 9th, Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANCES MCINTYRE</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6305 TREADWELL AUSTIN, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/17/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EDWARD SAFADI</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO BOX 99 AUSTIN, TX 78767</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/20/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BILL ALESHIRE</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3605 SAADT VALLEY AUSTIN, TX 78739</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>AUTHORITY FOR COASTAL REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/31/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARTHUR OLBERT</i>	7 Amount of contribution (\$) <i>268.63</i>	8 In-kind contribution description (if applicable) <i>WEBSITE DESIGN &amp; CONSULTING</i>
6 Contributor address; City; State; Zip Code <i>906 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>6/4/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRYAN RODGERS</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1112 W. 9TH, AUSTIN, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/4/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JIM SKAGGS</i>	Amount of contribution (\$) <i>1,000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4700 TORREAR, AUSTIN, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/11/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEVE SPER</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1225 CORONA AUSTIN, TX 78723</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/14/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROGER BAKER</i>	Amount of contribution (\$) <i>250.00</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)	

**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

AUSTINITES FOR GEOGRAPHIC REPRESENTATION

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/6/12

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ROGER BAKER

6 Contributor address; City, State; Zip Code

1303 BEAUMONT  
AUSTIN, TX 78712

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/13/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JAMES HOOTEN

Contributor address; City, State; Zip Code

3713 TARVIS COUNTRY CIR  
AUSTIN, TX 78735

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

VIK VAD

Contributor address; City, State; Zip Code

3331 GRIMES RANCH ROAD  
AUSTIN, TX 78792

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/12

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

HOME PAC CORPORATE

Contributor address; City, State; Zip Code

8140 EXCHANGE  
AUSTIN, TX 78754

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City, State; Zip Code

Amount of contribution (\$)

In-kind contribution 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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>AUSTINITES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$	
5 Date of loan <i>6-14-12</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <i>STACY SUITS</i>	9 Loan Amount (\$) <i>250.<sup>00</sup></i>	
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address, City; State; Zip Code <i>7807 DOWNSIDE AUSTIN, TX 78745</i>	10 Interest rate <i>0</i>	
		11 Maturity date <i>N/A</i>	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
		17 Guarantor address; City; State; Zip Code	
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)	
Is lender a financial institution? <i>Y</i> <i>N</i>	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>AUSTINIUS FOR GEOGRAPHIC REPRESENTATION</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>1/3/12</i>	<b>5</b> Payee name <i>BUTTRUSS PROPERTIES</i>
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<b>6</b> Amount (\$) <i>150.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>7901 CAMERON RD, BLDG 3 AUSTIN, TX 78754</i>
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<b>8</b> 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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/1/12</i>	Payee name <i>BUTTRUSS PROPERTIES</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>7901 CAMERON 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/20/12</i>	Payee name <i>COMPU SIGNS</i>
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Amount (\$) <i>107.17</i>	Payee address; City; State; Zip Code <i>632-A N. LAMAR AUSTIN TX 78703</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) <i>BANNER</i>
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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>3/1/12</i>	Payee name <i>BUTTRUSS PROPERTIES</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>7901 CAMERON 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 <u>ONLY</u> 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>3/14/12</i>	5 Payee name <i>AUSTIN TEXASNO DEMOCRATS</i>
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6 Amount (\$) <i>150.<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>2544 STOUT WOOD, AUSTIN, TX 78745</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADS</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>3/14/12</i>	Payee name <i>ELIZA MAY</i>
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Amount (\$) <i>115.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>4813 EAGLE FEATHER, AUSTIN, TX 78735</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i>	Description (If travel outside of Texas, complete Schedule T) <i>SUPPLIES</i>
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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>3/17/12</i>	Payee name <i>LINDA CURTIS</i>
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Amount (\$) <i>2,100.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>150 SA SMOKE RD, BASTROP, TX 78602</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>3/23/12</i>	Payee name <i>IT COPY</i>
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Amount (\$) <i>155.88</i>	Payee address; City; State; Zip Code <i>512 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	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>AUSTINITES FOR GEOGRAPHIC REASSIGNATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/13/12</i>	5 Payee name <i>BOUTROSS PROPERTIES</i>
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6 Amount (\$) <i>200.<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>7901 CROMER ROAD ALLEB, 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>4/13/12</i>	Payee name <i>LINDA CURTIS</i>
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Amount (\$) <i>2,000.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>150 SO. SHORE, AUSTIN, TX 78602</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>4/18/12</i>	Payee name <i>IT COPY</i>
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Amount (\$) <i>194.85</i>	Payee address; City; State; Zip Code <i>502 W1 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>4/18/12</i>	Payee name <i>TRAVIS CO. DEMOCRATIC PARTY</i>
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Amount (\$) <i>150.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1311 E 6TH, AUSTIN, TX 78702</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>BOOTH AT CONVENTION</i>
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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>FOR AUSTIN'S GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/18/12</i>	5 Payee name <i>LANA CURTIS</i>
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6 Amount (\$) <i>151.97</i>	7 Payee address; City; State; Zip Code <i>150 S. SHORE, GASTROP, TX 78602</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>PRINTING 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>4/18/12</i>	Payee name <i>17 COPY</i>
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Amount (\$) <i>1017.55</i>	Payee address; City; State; Zip Code <i>502 W. MLK, AUSTIN, TX 78755</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>4/20/12</i>	Payee name <i>VAN ANNES</i>
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Amount (\$) <i>206.19</i>	Payee address; City; State; Zip Code <i>1501 BARTON SPRINGS RD, AUSTIN, TX 78704</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) <i>GRAPHICS</i>
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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>4/20/12</i>	Payee name <i>WORLEY PRINTING</i>
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Amount (\$) <i>536.00</i>	Payee address; City; State; Zip Code <i>3217 W. I-35, AUSTIN, TX 78722</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	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>AUSTINITES FOR GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/27/12</i>	5 Payee name <i>JOHN RUBINE</i>
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6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>5008 CREEKLINE, AUSTIN, TX 78745</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>DOOR PRIZE</i>
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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>5/1/12</i>	Payee name <i>STACY SUITS</i>
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Amount (\$) <i>102.59</i>	Payee address; City; State; Zip Code <i>7807 DUNCASTER AUSTIN, TX 78745</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADS</i>	Description (If travel outside of Texas, complete Schedule T) <i>FACEBOOK</i>
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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>5/2/12</i>	Payee name <i>LINDA CURTIS</i>
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Amount (\$) <i>2,000.00</i>	Payee address; City; State; Zip Code <i>150 S. SHORE, AUSTIN, TX 78602</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>5/4/12</i>	Payee name <i>BUTROSS PROPERTIES</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>7901 CAMERON RD SUITE 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 GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/4/12</i>	5 Payee name <i>JESSICA ELLISON</i>
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6 Amount (\$) <i>1,000.<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>2212 THRASHER #13, AUSTIN, TX 78741</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONSULTING 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>5/8/12</i>	Payee name <i>GILL STUDIOS</i>
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Amount (\$) <i>178.35</i>	Payee address; City; State; Zip Code <i>PO BOX 2909, SHANNON MISSION, KS 66201</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) <i>ROLL LABELS</i>
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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>5/8/12</i>	Payee name <i>LINDA CURTIS</i>
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Amount (\$) <i>185.<sup>00</sup></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>OFFICE OVERHEAD</i>	Description (If travel outside of Texas, complete Schedule T) <i>OFFICE SUPPLIES</i>
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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>6/4/12</i>	Payee name <i>LINDA CURTIS</i>
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Amount (\$) <i>2,000.<sup>00</sup></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       | 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>AUCTIONS FOR GEOGRAPHIC RECREATION</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/4/12</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 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)	(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>6/4/12</i>	Payee name <i>LINDA WATTS</i>
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Amount (\$) <i>155.63</i>	Payee address; City; State; Zip Code <i>150 S. SHORE, BASTROP, TX 70602</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i>	Description (If travel outside of Texas, complete Schedule T) <i>OFFICE SUPPLIES</i>
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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>6/4/12</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 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>6/8/12</i>	Payee name <i>STACY SUITS</i>
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Amount (\$) <i>160.29</i>	Payee address; City; State; Zip Code <i>7807 POWCASTER, AUSTIN, TX 78747</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>CLEAR ROUTER &amp; AIRTIME</i>
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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>ASSISTANT FOR GOVERNOR REPRESENTATIVE</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/11/12</i>	5 Payee name <i>STACY SUITS</i>
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6 Amount (\$)	7 Payee address; City; State; Zip Code <i>7801 POWELL BLVD AUSTIN TX 78748</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISEMENTS</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>FACEBOOK ADS</i>
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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>6/14/12</i>	Payee name <i>IT COPY</i>
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Amount (\$) <i>355.93</i>	Payee address; City; State; Zip Code <i>502 W. MCK, 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>6/14/12</i>	Payee name <i>SIMON ROIG</i>
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Amount (\$) <i>223.00</i>	Payee address; City; State; Zip Code <i>6101 ATWOOD, AUSTIN, TX 78741</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>6/14/12</i>	Payee name <i>MICHAEL GUMAREU</i>
------------------------	--------------------------------------

Amount (\$) <i>422.00</i>	Payee address; City; State; Zip Code <i>4137 BREEZEWOOD, AUSTIN TX 78746</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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>AUSTINITOS FOR GEOGRAPHIC REPRESENTATION</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>6/14/12</i>	<b>5</b> Payee name <i>MARY ANN VARGASE</i>
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<b>6</b> Amount (\$) <i>285.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>#A 4201 CLANSON, AUSTIN, TX 78704</i>
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<b>8</b> 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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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6/15/12</i>	Payee name <i>ENCINO COMMUNICATIONS</i>
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Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>12703 RESEARCH #222, AUSTIN, TX 78757</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) <i>RADIO ADS</i>
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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>6/15/12</i>	Payee name <i>TEREJA ANDERSON</i>
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Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>1438 CORONADO HILLS DR, AUSTIN, TX 78752 #123</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>6/15/12</i>	Payee name <i>ED HARRIS</i>
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Amount (\$) <i>561.75</i>	Payee address; City; State; Zip Code <i>1162 N. ELGAN, TULSA OK 74106</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