

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

| | | |
|--|---|----------------------|
| The SPAC Instruction Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed. |
|--|---|----------------------|

| | |
|--|-----------------|
| 3 COMMITTEE NAME <i>Austin Community For Change</i> | OFFICE USE ONLY |
|--|-----------------|

| | | |
|---|--|--|
| 4 COMMITTEE ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>8310-1 N. Capital of Texas Hwy suite 305 Austin, TX 78731</i> | Date Received: <i>2012 OCT 29 PM 4:49</i> Date Hand-delivered or Postmarked: Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____ |
|---|--|--|

| | | |
|---------------------------|---|----------------------------------|
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <i>Richard Y</i> NICKNAME LAST SUFFIX <i>Jung</i> | Austin City Clerk RECEIVED stamp |
|---------------------------|---|----------------------------------|

| | |
|---|---|
| 6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <i>8310-1 N. Capital of Texas Highway Suite 305 Austin, TX 78731</i> |
|---|---|

| | |
|--|--|
| 7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address | STREET OR PO BOX; APT / SUITE #, CITY, STATE, ZIP CODE <i>Same As Above</i> |
|--|--|

| | |
|----------------------------|---|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(512) 538 - 4714</i> |
|----------------------------|---|

| | |
|---------------|--|
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" 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 |
|---------------|--|

| | |
|-------------------|---|
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>09 / 28 / 2012 THROUGH 10 / 27 / 2012</i> |
|-------------------|---|

| | | |
|-------------|--|--|
| 11 ELECTION | ELECTION DATE Month Day Year <i>11 / 06 / 2012</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
|-------------|--|--|

GOTO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME
Austin Community For Change

ACCOUNT # (Ethics Commission Filers)

| | | | | | | | | | |
|--|--|---|----------------------------------|----------------------|----------------------|---|--------------------|--|--|
| 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 | CANDIDATE / OFFICEHOLDER NAME | | | | | | | |
| | <input type="checkbox"/> OFFICEHOLDER | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | | | | | | | |
| | <input checked="" type="checkbox"/> MEASURE | <table border="0"> <tr> <td>BALLOT IDENTIFICATION / #</td> <td>ELECTION DATE</td> </tr> <tr> <td><i>Proposition 4</i></td> <td>Month Day Year <i>11 / 06 / 2012</i></td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> <tr> <td colspan="2"><i>Amendment to change Austin's City Charter</i></td> </tr> </table> | BALLOT IDENTIFICATION / # | ELECTION DATE | <i>Proposition 4</i> | Month Day Year <i>11 / 06 / 2012</i> | DESCRIPTION | | <i>Amendment to change Austin's City Charter</i> |
| BALLOT IDENTIFICATION / # | ELECTION DATE | | | | | | | | |
| <i>Proposition 4</i> | Month Day Year <i>11 / 06 / 2012</i> | | | | | | | | |
| DESCRIPTION | | | | | | | | | |
| <i>Amendment to change Austin's City Charter</i> | | | | | | | | | |

| | | |
|--------------------------------|---|-------------|
| 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) | \$14,600.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$16,064.32 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$1,226.50 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$2,701.25 |

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 RICHARD JUNG, this the 29th day of October, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

MIRI CHOI

Printed name of officer administering oath

NOTARY PUBLIC

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 Austin Community For Change | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/22/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Wong Mok 6 Contributor address; City; State; Zip Code 6301 cat Mountain Cove Austin, TX 78731 | 7 Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 10/22/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger...Goggan Contributor address; City; State; Zip Code 2700 Via Fortuna Drive, Suite 400 Austin, TX 78746 | Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/22/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Madeleine Hsu Contributor address; City; State; Zip Code 2309 Kinney Road Austin, TX 78704 | Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/22/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret Menicucci Contributor address; City; State; Zip Code 4600 Laurel Canyon Drive Austin, TX 78731 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/26/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stratus Properties Contributor address; City; State; Zip Code 212 Lavaca Street, Suite 300 Austin, TX 78701 | Amount of contribution (\$) \$3,000.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| 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 Community For Change

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/01/12

5 Full name of contributor out-of-state PAC (ID# _____)

ABCABCO, Inc.

6 Contributor address; City; State; Zip Code

208 West Powell Lane
Austin, TX 78753

7 Amount of contribution (\$)

\$2,000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/02/12

Full name of contributor out-of-state PAC (ID# _____)

Mary Sanger

Contributor address; City; State; Zip Code

704 Caroline
Austin, TX 78705

Amount of contribution (\$)

\$1,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/12

Full name of contributor out-of-state PAC (ID# _____)

Stratus Properties

Contributor address; City; State; Zip Code

212 Lavaca Street, Suite 300
Austin, TX 78701

Amount of contribution (\$)

\$4,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/12

Full name of contributor out-of-state PAC (ID# _____)

Beverly Reeves

Contributor address; City; State; Zip Code

221 W. 6th Street, Suite 1000
Austin, TX 78701

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/12

Full name of contributor out-of-state PAC (ID# _____)

Richard Jung

Contributor address; City; State; Zip Code

2704 Woodland Hills Cove
Austin, TX 78732

Amount of contribution (\$)

\$3,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 3 ACCOUNT # (Ethics Commission Filers)
 Austin Community For Change

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ ϕ

| | | |
|--|--|----------------------------------|
| 5 Date of loan 10/03/12 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Jung | 9 Loan Amount (\$) \$3,000.00 |
| 6 Is lender a financial Institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code 8310-1 N. Capital of Texas Highway suite 305 Austin, TX 78731 | 10 Interest rate 0 |
| | | 11 Maturity date 12/01/12 |

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral
 none

| | | |
|---|---|---------------------------|
| 15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 16 Name of guarantor 17 Guarantor address; City; State; Zip Code | 18 Amount Guaranteed (\$) |
|---|---|---------------------------|

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? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |

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

Description of Collateral
 none

| | | |
|--|---|------------------------|
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
|--|---|------------------------|

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.

| | | |
|----------------------------------|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME Austin Community For Change | 3 ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|--|---|

| | |
|---------------------------|---|
| 4 Date 10/03/12 | 5 Payee name Wells Fargo Bank |
|---------------------------|---|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$17.00 | 7 Payee address, City; State; Zip Code 9777 Great Hills Trail Austin, TX 78759 |
|---------------------------------|---|

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

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

| | |
|------------------|--------------------------------|
| Date 10/05/12 | Payee name Austin chronicle |
|------------------|--------------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$1,345.00 | Payee address; City; State; Zip Code P.O. Box 49066 Austin, TX 78765 |
|---------------------------|--|

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

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

| | |
|------------------|--------------------------------------|
| Date 10/09/12 | Payee name Littlefield Consulting |
|------------------|--------------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 7705 Vail Valley Drive Austin, TX 78749 |
|-------------------------|--|

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

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

| | |
|------------------|--------------------------------|
| Date 10/10/12 | Payee name Wells Fargo Bank |
|------------------|--------------------------------|

| | |
|-----------------------|--|
| Amount (\$) \$9.00 | Payee address; City; State; Zip Code 9777 Great Hills Trail Austin, TX 78759 |
|-----------------------|--|

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

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

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 Austin Community For Change | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/11/12 | | 5 Payee name Steve Beers | | | |
| 6 Amount (\$) \$1,200.00 | | 7 Payee address; City; State; Zip Code 3201 Darnell Drive Austin, TX 78745 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Consulting Expense | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/12/12 | | Payee name Karl-Thomas Musselman | | | |
| Amount (\$) \$2,500.00 | | Payee address, City; State; Zip Code 2024 Simond Ave, #B Austin, TX 78723 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Loan Repayment | | Description (If travel outside of Texas, complete Schedule T) Reimbursement Ad Expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/12/12 | | Payee name Austin chronicle | | | |
| Amount (\$) \$1,345.00 | | Payee address; City; State; Zip Code P.O. Box 49066 Austin, TX 78765 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | 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 10/15/12 | | Payee name Piryx | | | |
| Amount (\$) \$30.84 | | Payee address; City; State; Zip Code 144 2nd Street, 1st Floor San Francisco, CA 94105 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Fundraising Expense | | 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 | |

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 Austin Community For Change | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/16/12 | | 5 Payee name GNI Strategies | | | |
| 6 Amount (\$) \$1,000.00 | | 7 Payee address; City; State; Zip Code 5106 Duval Street Austin, TX 78751 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Advertising Expense | | (b) Description (If travel outside of Texas, complete Schedule T) Voter Contact | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/17/12 | | Payee name Checkmark Typesetting | | | |
| Amount (\$) \$3,391.23 | | Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Printing Expense | | Description (if travel outside of Texas, complete Schedule T) Yard Signs | |
| 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 P.O. Box 49066 Austin, TX 78765 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) Print Ad | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 10/26/12 | | Payee name Karl - Thomas Musselman | | | |
| Amount (\$) \$2,500.00 | | Payee address; City; State; Zip Code 2024 Simond Ave, #B Austin, TX 78723 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Loan Repayment | | Description (If travel outside of Texas, complete Schedule T) Reimbursement Ad Expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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 Community For Change</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--|--|

| | |
|---------------------------|---|
| 4 Date <i>10/26/12</i> | 5 Payee name <i>XL Web Services, Inc</i> |
|---------------------------|---|

| | |
|----------------------------------|--|
| 6 Amount (\$) <i>\$582.50</i> | 7 Payee address, City; State; Zip Code <i>10816 Crown Colony Drive # 202 Austin, TX 78747</i> |
|----------------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Other</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Website maintenance</i> |
|--------------------------|--|---|

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

| | |
|-------------------------|-----------------------------------|
| Date <i>10/18/12</i> | Payee name <i>Richard Jung</i> |
|-------------------------|-----------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) <i>\$298.75</i> | Payee address, City; State; Zip Code <i>2704 Woodland Hills Cove Austin, TX 78732</i> |
|--------------------------------|--|

| | | |
|------------------------|---|---|
| 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) <i>Partial Repayment</i> |
|------------------------|---|---|

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City, State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | 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 | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | 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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED