

# 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: center; font-size: 24px; font-weight: bold;">6</div>
<b>3 COMMITTEE NAME</b> <div style="font-size: 24px; font-weight: bold; text-align: center;">DEMOCRACY AUSTIN PAC</div>		<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 <div style="font-size: 24px; font-weight: bold;">2314 E. 11<sup>th</sup> STREET AUSTIN, TEXAS 78702</div>		Date Received  Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <div style="font-size: 24px; font-weight: bold;">MR. MIKE MARTINEZ</div> NICKNAME LAST SUFFIX		12 OCT 9 PM 3 09 AUSTIN CITY CLERK RECEIVED
<b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY, STATE: ZIP CODE <div style="font-size: 24px; font-weight: bold;">2314 E. 11<sup>th</sup> STREET AUSTIN, TEXAS 78702</div>		
<b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b>  <input type="checkbox"/> change of address	STREET OR PO BOX, APT / SUITE #: CITY, STATE: ZIP CODE <div style="font-size: 24px; font-weight: bold;">2314 E. 11<sup>th</sup> STREET AUSTIN, TEXAS 78702</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px; font-weight: bold;">(512) 699-0920</div>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input 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 <div style="font-size: 24px; font-weight: bold;">09 / 05 / 2012     THROUGH     09 / 27 / 2012</div>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <div style="font-size: 24px; font-weight: bold;">11 / 06 / 2012</div>	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: DEMOCRACY AUSTIN DAE ACCOUNT # (Ethics Commission Filers):

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

CANDIDATE

SUPPORT (Candidate or Measure)

OFFICEHOLDER

OPPOSE (Candidate or Measure)

ASSIST (Officsholder)

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

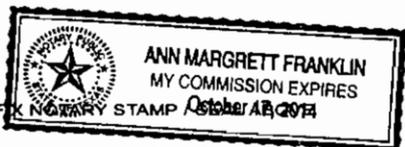
DESCRIPTION: CHARTER AMENDMENTS RE: ELECTION DATES

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)	\$ 4,150 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,000 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,150 <sup>00</sup>
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 

Sworn to and subscribed before me, by the said Mike Martinez, this the 9th day of October, 20 12, to certify which, witness my hand and seal of office.

Ann Margrett Franklin  
Signature of officer administering oath

Ann Margrett Franklin  
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: <span style="font-size: 2em;">2</span>	
2 FILER NAME <span style="font-size: 1.5em;">DEMOCRACY AUSTIN PAC</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.2em;">09/26/12</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">STACY AUBEN</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">\$50.<sup>00</sup></span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">360 NUECES ST. #1411 AUSTIN, TEXAS 78701</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">09/27/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">GERALD WEBBERMAN</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$100.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">7809 HARVESTMAN COVE AUSTIN, TEXAS 78731</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">09/26/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">CUST HACKNEY</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$250.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">PO BOX 163164 AUSTIN, TEXAS 78716</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">09/27/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">TIMOTHY McCABE</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$200.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">PO BOX 190403 DALLAS, TEXAS 75219</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">09/27/12</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">JED BUIE</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$100.<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">7905 GOLDENBOW COVE AUSTIN, TEXAS 78750</span>		(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: <u>2</u>	
2 FILER NAME <u>DEMOCRACY AUSTIN P AC</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>09/26/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHARLIE JONES</u>	7 Amount of contribution (\$) <u>\$1,000<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>98 SAN JACINTO, #43 AUSTIN, TEXAS 78701</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>09/10/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NEEA BUSINESS WIPAC</u>	Amount of contribution (\$) <u>\$2,000<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>98 SAN JACINTO, SUITE 510 AUSTIN, TEXAS 78701</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>09/27/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANDREW RAMIREZ</u>	Amount of contribution (\$) <u>\$100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10301 PLANTATION DRIVE AUSTIN, TEXAS 78747</u>		(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#: _____) <u>MIKE NASI</u>	Amount of contribution (\$) <u>\$100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1901 MEADOWBROOK AUSTIN, TEXAS 78703</u>		(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: <span style="font-size: 2em;">1</span>	
2 FILER NAME <span style="font-size: 1.5em;">DEMOCRACY AUSTIN PAC</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.2em;">07/26/12</span>	5 Corporation / Labor Organization name <span style="font-size: 1.2em;">BIG RED DOG ENGINEERING AND CONSULTING</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">\$250<sup>00</sup></span>	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code <span style="font-size: 1.2em;">815-A BRAZOS ST. #319 AUSTIN, TEXAS 78701</span>	(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	

**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 DEMOCRACY AUSTIN PAC	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 09/20/12	<b>5</b> Payee name AUSTIN STRATEGIES
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<b>6</b> Amount (\$) \$2,000 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 1609 UNSCOMB AVENUE AUSTIN, TEXAS 78704
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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)
	POUND EXPENSE	POUND

<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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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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