

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: 24
3 COMMITTEE NAME AUSTINITES FOR GEOGRAPHICAL REPRESENTATION		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address 6705 HWY 290 WEST STE 502 #173 AUSTIN, TX 78735	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE		Date Received 2012 OCT 9
	MS / MRS / MR FIRST MI LAST SUFFIX STACY L SUITS		Date Hand-delivered or Postmarked 9 OCT 10 18
5 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 7807 DONCASTER, AUSTIN, TX 78745		Receipt # Amount 4111
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET OR PO BOX APT / SUITE # CITY STATE ZIP CODE 7807 DONCASTER, AUSTIN, TX 78745		Date Processed 10 OCT 18
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	AREA CODE PHONE NUMBER EXTENSION (512) 554-2710		Date Imaged 10 OCT 18
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE <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		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 12 THROUGH 9 / 27 / 12		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 6 / 12		
GO TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME		ACCOUNT # (Ethics Commission Filers)	
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <i>PROP 4</i>	
	ELECTION DATE Month Day Year <i>11 / 6 / 12</i>		
	DESCRIPTION <i>CITY CHARTER CHANGE AMENDMENT</i>		
14 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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)	\$
	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$
	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
15 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. _____ Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office. _____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

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

☒ SUPPORT
(Candidate or Measure)

☐ OPPOSE
(Candidate or Measure)

☐ ASSIST
(Officeholder)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

PROP 3

11 / 6 / 12

DESCRIPTION

CITY CHARTER CHANGING AMENDMENT

14 CONTRIBUTION TOTALS

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

\$ 2,779.61

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

\$ 40,661.87

EXPENDITURE TOTALS

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

\$ 1,111.60

4. TOTAL POLITICAL EXPENDITURES

\$ 31,450.20

CONTRIBUTION BALANCE

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

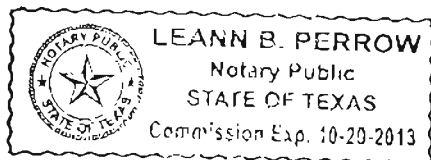
\$ 7,326.77

OUTSTANDING LOAN TOTALS

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

\$ 0

15 AFFIDAVIT



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 8th day of October, 20 12, to certify which, witness my hand and seal of office.

LeAnn B. Perrow
Signature of officer administering oath

LeAnn B. Perrow
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME ACTIVITIES FOR GEOGRAPHIC REPRESENTATION		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/5/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DOM CHAVEZ	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code PO BOX 873, MCKINNEY, TX 78652		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/4/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FRED LEWIS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 4509 EDGE MOUNT, AUSTIN TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LORRI MICHEL	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 917 WEST LYNN, AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROGER BAKER	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1303 BENTWOOD, AUSTIN, TX 78722		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEVE SPEAR	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1225 CORUNA, AUSTIN, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME <i>AUSTINITES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/30/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>DOMINIC CHAUER</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>PO Box 873, MANACIA, TX 78652</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>M. HALPERESS</i>	Amount of contribution (\$) <i>60.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>2943 THOUSAND OAKS DR AUSTIN, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>PAUL LSENE</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>5001 SEQUAN CIRCLE AUSTIN, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>D. LAUREN RESS</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1405 HILL MOUNT AUSTIN, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/29/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>ELIZA MAY</i>	Amount of contribution (\$) <i>75.00</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>4813 EAGLE FEATHER AUSTIN, TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ACTIVITIES FOR GEOGRAPHIC REPRESENTATION

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

TBE PARTNERS

6 Contributor address, City, State, Zip Code

401 S. MOPAC BLVD II, STE 350
AUSTIN, TX 78746

7 Amount of contribution (\$)

1,000.00

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

9/8/12

Full name of contributor

☐ out-of-state PAC (ID#)

RITA THOMPSON

Contributor address, City, State, Zip Code

8813 COLLINGWOOD
AUSTIN, TX 78748

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/12

Full name of contributor

☐ out-of-state PAC (ID#)

MAJORIE RAE MADLER - DLEWICK

Contributor address, City, State, Zip Code

PO BOX 7486
AUSTIN, TX 78713

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/12

Full name of contributor

☐ out-of-state PAC (ID#)

AUSTIN POLICE ASSOC. PAC

Contributor address, City, State, Zip Code

5817 WILCAS RD. STE 4
AUSTIN, TX 78721

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/12

Full name of contributor

☐ out-of-state PAC (ID#)

ANGELA FENNEL

Contributor address, City, State, Zip Code

5708 SPAINDALE RD
AUSTIN, TX 78723

Amount of contribution (\$)

250.00

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

AUSTINITES FOR GEOGRAPHIC REPRESENTATION

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/19/12

5 Full name of contributor

☐ out-of-state PAC (ID#)

AUSTIN, TEXAS DEMOCRATS PAC

6 Contributor address: City: State: Zip Code

2544 STUTWOOD

AUSTIN, TX 78745

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

9/23/12

Full name of contributor

☐ out-of-state PAC (ID#)

ROBIN SCHNEIDER

Contributor address: City: State: Zip Code

2609 SHERWOOD LANE

AUSTIN, TX 78704

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/12

Full name of contributor

☐ out-of-state PAC (ID#)

TEXANS FOR ACCOUNTABLE GOVERNMENT

Contributor address: City: State: Zip Code

1306 BARONETS TRL

AUSTIN, TX 78753

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/12

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN RAMSEY

Contributor address: City: State: Zip Code

54 ARLING #802

AUSTIN, TX 78701

Amount of contribution (\$)

10,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/12

Full name of contributor

☐ out-of-state PAC (ID#)

ELLIOT KRALJ

Contributor address: City: State: Zip Code

3809 GAINES COURT

AUSTIN, TX 78753

Amount of contribution (\$)

100.00

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>AUSTIN FOR GEOGRAPHIC REPRESENTATION</i>				3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/5/12</i>	5 Full name of contributor <i>RUGER BAUER</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	6 Contributor address: City, State, Zip Code <i>1303 BENTON RD AUSTIN, TX 78722</i>	7 Amount of contribution (\$) <i>2,000.⁰⁰</i>	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date <i>9/5/12</i>	Full name of contributor <i>MICHAEL BARROW</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address: City, State, Zip Code <i>108 RIDGEMONT COURT AUSTIN, TX 78746</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>9/27/12</i>	Full name of contributor <i>JEAN LOCKE</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address: City, State, Zip Code <i>26 BOX 40637 AUSTIN, TX 78764</i>	Amount of contribution (\$) <i>100.⁰⁰</i>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>7/10/12</i>	Full name of contributor <i>ARTHUR OLBERT</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address: City, State, Zip Code <i>1906 RALEIGH, AUSTIN, TX 78723</i>	Amount of contribution (\$) <i>541.25</i>	In-kind contribution description (if applicable) <i>541.25 COPIER RENTAL</i>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>7/16/12</i>	Full name of contributor <i>ARTHUR OLBERT</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address: City, State, Zip Code <i>1906 RALEIGH, AUSTIN, TX 78703</i>	Amount of contribution (\$) <i>308.56</i>	In-kind contribution description (if applicable) <i>308.56 VOLUNTEER PARTY</i>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME <i>ACTIVITIES FOR GEOGRAPHIC REPRESENTATION</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/20/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>ARTHUR OLBERT</i> 6 Contributor address, City, State, Zip Code <i>906 RALEIGH, AUSTIN TX 78703</i>	7 Amount of contribution (\$) <i>202.97</i>	8 In-kind contribution description (if applicable) <i>PRINTING</i>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/21/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>ARTHUR OLBERT</i> Contributor address, City, State, Zip Code <i>906 RALEIGH, AUSTIN, TX 78703</i>	Amount of contribution (\$) <i>143.88</i>	In-kind contribution description (if applicable) <i>WEB HOSTING</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/26/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>CENTRAL TEXAS LIBERTY MEDIA</i> Contributor address, City, State, Zip Code	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable) <i>RADIO ADS</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Contributor address, City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B. <u>1</u>	
2 FILER NAME <u>AUSTINITOS FOR GEOGRAPHIC REPRESENTATION</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$			
5 Date <u>8/29/12</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>KIRK MITCHELL</u> 7 Pledgor address: City, State, Zip Code <u>PO BOX 4023</u> <u>AUSTIN, TX 78765</u>	8 Amount of pledge (\$) <u>20,000</u>	9 In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address: City, State, Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 11	2 FILER NAME AUSTINITES FOR GEOGRAPHIC REPRESENTATION	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/5/12	5 Payee name BUTTRISS PROPERTIES	
6 Amount (\$) 500.00	7 Payee address, City, State, Zip Code 7901 CAMERON RD BLP63, AUSTIN, TX 78754	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE RENT	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/11/12	Payee name LARRY WAFF	
Amount (\$) 182.50	Payee address, City, State, Zip Code 19608 N. HORTON AVE # 112, PFLUWILLE TX 79660	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	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 7/11/12	Payee name NARROW GARR	
Amount (\$) 360.00	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	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 7/11/12	Payee name MAMUSA TIMSON	
Amount (\$) 156.00	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>ANNUITIES FOR GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>7/11/12</i>	5 Payee name <i>NAREN WARDER</i>	
6 Amount (\$) <i>101.00</i>	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>7/13/12</i>	Payee name <i>TERESA ANDERSON</i>	Office sought
Amount (\$) <i>500.00</i>	Payee address, City, State, Zip Code <i>1438 LOUWAGE HILLS DR. #123, AUSTIN, TX 78752</i>	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>7/13/12</i>	Payee name <i>SUZY GARFIELD</i>	Office sought
Amount (\$) <i>405.00</i>	Payee address, City, State, Zip Code	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>7/13/12</i>	Payee name <i>ALBERT MARINO</i>	Office sought
Amount (\$) <i>341.00</i>	Payee address, City, State, Zip Code	Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F.	2 FILER NAME <i>BUSINESS FOR GEOGRAPHIC REIMBURSEMENT</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>7/13/12</i>	5 Payee name <i>SIMON ROIS</i>	
6 Amount (\$) <i>274.00</i>	7 Payee address, City, State, Zip Code <i>6101 ATWOOD, AUSTIN, TX 78741</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7/13/12</i>	Payee name <i>RONNA BARBER</i>	
Amount (\$) <i>157.00</i>	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7/13/12</i>	Payee name <i>CHARLENE HARRIS</i>	
Amount (\$) <i>115.50</i>	Payee address, City, State, Zip Code <i>19608 N. HEATHWOLD #112, PUEBLOVILLE, TX 78660</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>7/16/12</i>	Payee name <i>LARRY WAFT</i>	
Amount (\$) <i>105.00</i>	Payee address, City, State, Zip Code <i>11608 N. HEATHWOLD #112 PUEBLOVILLE TX 78660</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>AUSTINIES FOR GEORGIAN REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>8/1/12</i>	5 Payee name <i>BUTROS PROPERTIES</i>	
6 Amount (\$) <i>500.00</i>	7 Payee address. City: State: Zip Code <i>7901 CAMERON RD BLDG 3 AUSTIN, TX 78754</i>	
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)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/13/12</i>	Payee name <i>LINCOLN CURTIS</i>	
Amount (\$) <i>220.00</i>	Payee address: City: State: Zip Code <i>150 S. SHORE, DALLAS, TX 75202</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE - POSTAGE</i>	
	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/20/12</i>	Payee name <i>JESSICA ELLISON</i>	
Amount (\$) <i>1,000.00</i>	Payee address: City: State: Zip Code <i>2212 THUNDER #B AUSTIN, TX 78741</i>	
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)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/20/12</i>	Payee name <i>LAURA PRESSLEY</i>	
Amount (\$) <i>280.00</i>	Payee address: City: State: Zip Code <i>2210 WHITE HORSE TRL, AUSTIN, TX 78757</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	
	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	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>AUSTINIS FOR GOOD GARNER REDEMPTION</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>8/31/12</i>	5 Payee name <i>LARRY WAFF</i>	
6 Amount (\$) <i>230.⁰⁰</i>	7 Payee address, City, State, Zip Code <i>14608 N HEATHRICK #412 PLEASANTVILLE, TX 78760</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/31/12</i>	Payee name <i>CHARLEEN J. PARSONS</i>	
Amount (\$) <i>280.⁰⁰</i>	Payee address, City, State, Zip Code <i>14608 N. HEATHRICK #412 PLEASANTVILLE, TX 78760</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/5/12</i>	Payee name <i>HESSICA ELLISON</i>	
Amount (\$) <i>1,000.⁰⁰</i>	Payee address, City, State, Zip Code <i>2212 THRASHER #B AUSTIN, TX 78741</i>	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/5/12</i>	Payee name <i>LIMON LUNTIS</i>	
Amount (\$) <i>2000.⁰⁰</i>	Payee address, City, State, Zip Code <i>150 S. SHORE, BASTROP, TX 78602</i>	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME <i>MUSTARD FOR GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/7/12</i>	5 Payee name <i>LARRY WRIGHT</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address City, State, Zip Code <i>1608 N. HEATHLAND #112, PFLUGERVILLE, TX 78060</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>9/7/12</i>	Payee name <i>CHARLENE HARDEY</i>	
Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code <i>1608 N. HEATHLAND #112, PFLUGERVILLE TX 78060</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRACT LABOR</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>9/10/12</i>	Payee name <i>IT COPY</i>	
Amount (\$) <i>731.79</i>	Payee address, City, State, Zip Code <i>502 W. MLK, AUSTIN, TX 78705</i>	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>9/13/12</i>	Payee name <i>IT COPY</i>	
Amount (\$) <i>275.00</i>	Payee address, City, State, Zip Code <i>502 W. MLK, AUSTIN, TX 78705</i>	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	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 GREGG ALEXANDER</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/14/12</i>	5 Payee name <i>SWASH LABS</i>		
6 Amount (\$) <i>2000.00</i>	7 Payee address City, State, Zip Code <i>P.O. Box 2404 Pecos, TX 76202</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SOLICITATION/FUNDRAISING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <i>9/14/12</i>	Payee name <i>QUICK PRINT</i>		
Amount (\$) <i>177.63</i>	Payee address, City, State, Zip Code <i>8311 SHAM CREEK, AUSTIN, TX 78757</i>		
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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <i>9/14/12</i>	Payee name <i>LARRY WAFF</i>		
Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTACT LABOR</i>	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 <i>9/14/12</i>	Payee name <i>CHARLOTTE HARRISON</i>		
Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code <i>19008 N HENTZMAN #12, PLEASANT HILL, TX 76060</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTACT LABOR</i>	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 <i>AUSTIN FOR GEOGRAPHIC REPRESENTATION</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>9/15/12</i>	5 Payee name <i>SUNSHINE LABS</i>	
6 Amount (\$) <i>2000.00</i>	7 Payee address, City, State, Zip Code <i>PO Box 2464, Austin, TX 78202</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>SOLICITATION/FUNDRAISING</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/18/12</i>	Payee name <i>Jim Ames</i>	
Amount (\$) <i>306.19</i>	Payee address, City, State, Zip Code <i>1501 Barton Springs #233, Austin, TX 7874</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/18/12</i>	Payee name <i>SUNSHINE LABS</i>	
Amount (\$) <i>250.00</i>	Payee address, City, State, Zip Code <i>7801 POWELL ST, AUSTIN, TX 78745</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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/18/12</i>	Payee name <i>ACE PRINTING</i>	
Amount (\$) <i>271.72</i>	Payee address, City, State, Zip Code <i>7801 POWELL ST, AUSTIN, TX 78745</i>	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

Amount (\$) 260.⁰⁰	Payee address: City, State, Zip Code 1408 N. LEATHERWOOD #112, PFLUGERVILLE, TX 78660		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	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 9/24/12	Payee name VILLAGER		
Amount (\$) 504.⁰⁰	Payee address: City, State, Zip Code 1313 W I-35, AUSTIN, TX 78702		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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