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Version V1.0.5283

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS COVER SHEET PG 2** 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 00081923 Committee for Austin's Children 14 COMMITTEE CANDIDATE / OFFICEHOLDER NAME PURPOSE (Attach lists on plain Candidate paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Officeholder X SUPPORT BALLOT IDENTIFICATION / # **ELECTION DATE** (Candidate or Measure) Month Day Year **OPPOSE** 11/07/2017 (Candidate or Measure) X Measure **ASSIST** DESCRIPTION (Officeholder) Support AISD school bond election 15 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES. **TOTALS** LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00 2. TOTAL POLITICAL CONTRIBUTIONS \$39,304.58 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **TOTALS** \$0.00 4. TOTAL POLITICAL EXPENDITURES \$ \$116,728.38 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE **BALANCE** REPORTING PERIOD \$5.761.72 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST LOAN TOTALS DAY OF THE REPORTING PERIOD \$4,000.00 16 AFFIDAVU I swear, or affirm, under penalty of perjury, that the accompanying report is true SUSAN HARRY and correct and includes all information required to be reported by me under Notary Public, State of Texas Title 15. Election Code. My Commission Expires July 23, 2019 ionature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said day 20 (8 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer adm(nistering oath

SUBTOTALS - SPAC

FORM SPAC **COVER SHEET PG 3**

	3 of 24
17 COMMITTEE NAME Committee for Austin's Children 18 Filer ID 00081923	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,254.58
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 675.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 33,250.00
5. X SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,125.00
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. SCHEDULE E: LOANS	\$
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 116,728.38
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	s
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
Forms provided by Tayas Ethics Commission	Vorsion VI 0 529

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Committee for Austin's Children 00081923 4 Date 5 Full name of contributor ut-of-state PAC (ID#:_ 7 Amount of Contribution (\$) 11/02/2017 JQ & Tsen, LLC \$350.00 6 Contributor address; City; State; Zip Code 1608 West 6th St. Ste. 200 Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2017 Librach, Diane \$25.00 Contributor address; City; State; Zip Code 222 West Ave unit 1813 Austin, TX 78701 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

Date 11/04/2017	Full name of contributor out-of-state PAC (ID#: Marmon Mok, L.L.P.		Amount of Contribution (\$)	\$1,250.00
	Contributor address; City; State; Zip Code			•
	700 N. St. Mary's			
	Ste. 1600			
	San Antonio, TX 78205			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:	j j	Amount of Contribution (\$)	
11/08/2017	Mormon, David		•	\$526.63
	Contributor address; City; State; Zip Code	***************************************		
	1504 West 9th Street			
				÷.
	Austin, TX 78703			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
·	<u> </u>			
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
Date 11/02/2017	Nyfeler, John & Sally Fly)	Amount of Contribution (\$)	\$100,00
. "			Amount of Contribution (\$)	\$100,00
. "	Nyfeler, John & Sally Fly		Amount of Contribution (\$)	\$100,00
. "	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr.		Amount of Contribution (\$)	\$100,00
11/02/2017	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr. Austin, TX 78721		Amount of Contribution (\$)	\$100.00
11/02/2017	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr.	Employer (See Instructions)	Amount of Contribution (\$)	\$100,00
11/02/2017	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr. Austin, TX 78721		Amount of Contribution (\$)	\$100,00
11/02/2017	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr. Austin, TX 78721		Amount of Contribution (\$)	\$100,00
11/02/2017	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr. Austin, TX 78721		Amount of Contribution (\$)	\$100,00
11/02/2017 Principal occu	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr. Austin, TX 78721	Employer (See Instructions)		
11/02/2017 Principal occu	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr. Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		\$100,00 n V1.0.5283
11/02/2017 Principal occu	Nyfeler, John & Sally Fly Contributor address; City; State; Zip Code 1805-B Adriane Dr. Austin, TX 78721 pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	<u></u>					
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1:	
					Sch: 2/2 Rpt: 5/24	
2	FILER NAME	or Austin's Children		3	Filer ID (Ethics Commission 00081923	n Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	** *** ***
	11/10/2017	Outreach Strategists, LLC	**************************************			\$1,000.00
		6 Contributor address; City; State; Zip Code				
		2727 Allen Parkway				
		Ste. 1300				_
		Houston, TX 77019				<u> </u>
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)		
-	Date	Full name of contributor			Amount of Contribution (\$)	
	11/06/2017	Ramirez, Rene				\$250.00
		Contributor address; City; State; Zip Code	***************************************			
		1508 S. Lone Star Way				
		Unit 1				
		Edinburg, TX 78539				
	Dringing) accu	pation / Job title (See Instructions)	Employer (See Instructions	<u>, </u>	<u> </u>	
	i micipai deca	Saletin and the (occ mandalatio)	crising or (occ manacions	,		
-	Data	Full name of contributor			Amount of Contribution (#\	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 000 00
	11/04/2017	Smith & Company Architects	***************************************			\$600.00
		Contributor address; City; State; Zip Code				
		1500 McGowen				
		Ste. 200				
L		Houston, TX 77004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	****
	11/02/2017	Steinman Luevano Structures LLP				\$100.00
		Contributor address; City; State; Zip Code				
	•	5901 Old Fredericksburg Dr.				•
		#B101				
L		Austin, TX 78749	-	L		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
H	Date	Full name of contributor out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	11/03/2017	Tough, Paul				\$52,95
		Contributor address; City; State; Zip Code	***************************************		•	
		1505 Devon Circle				
		Taga Devolt Circle		l		
		Austin, TX 78723				
İ	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
		:				
Г			•			
					e e	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/24
2 FILER NAME Committee I	for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 11/02/2017	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description \$225.00 I food & drinks for event
10 Principal occi	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 11/02/2017	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description \$225.00 food & drinks for event
Principal occi	Austin, TX 78749 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	L Check If travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 11/02/2017	Full name of contributor out-of-state PAC (ID#: Structures PE, LLP Contributor address; City; State; Zip Code 6926 N. Lamar Blvd. Austin, TX 78752		Amount of In-kind contribution contribution (\$) description \$225.00 I food & drinks for event
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	<u> </u>
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/3 Rpt: 7/24
FILER NAME Committee for	or Austin's Children	3	Filer ID (Ethics Commission Filers) 00081923
Date 11/02/2017	 5 Corporation / Labor Organization name Agnew Associates, Inc. 6 Corporation / Labor Organization address; City; State; Zip Code 14205 Burnet Ste. 200 Austin, TX 78728 	7	Amount of contribution (\$) \$100.00
Date 11/02/2017	Corporation / Labor Organization name Austin Architecture Plus, Inc. Corporation / Labor Organization address; City; State; Zip Code 1907 N. Lamar Blvd. Ste. 260 Austin, TX 78705		Amount of contribution (\$) \$3,250.00
Date 11/01/2017	Corporation / Labor Organization name Austin Business Furniture Corporation / Labor Organization address; City; State; Zip Code 4030 W. Braker Lane Bldg. 1, Ste. 100 Austin, TX 78759	-	Amount of contribution (\$) \$5,000.00
Date 11/02/2017	Corporation / Labor Organization name Baer Engineering and Environmental Consulting, Inc. Corporation / Labor Organization address; City; State; Zip Code 7756 Northcross Dr. Ste. 211 Austin, TX 78757		Amount of contribution (\$) \$100.00
Date 11/13/2017	Corporation / Labor Organization name Bank of America Corporation / Labor Organization address; City; State; Zip Code 100 N. Tryon St. Charlotte, NC 28255	-	Amount of contribution (\$) \$2,500.00
Date 10/30/2017	Corporation / Labor Organization name Brandywine Operating Partnership Corporation / Labor Organization address; City; State; Zip Code 2929 Walnut St. Ste. 1700 Philadelphia, PA 19104		Amount of contribution (\$) \$5,000.00
Date 11/02/2017	Corporation / Labor Organization name Coleman & Associates, Inc. Corporation / Labor Organization address; City; State; Zip Code 9890 Silver Mountain Dr.		Amount of contribution (\$) \$100.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 2/3 Rpt: 8/24
FILER NAME		3 Filer ID (Ethics Commission Filers)
Committee fo	r Austin's Children	00081923
Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
11/02/2017	Doucet & Associates	\$100.00
ŀ	6 Corporation / Labor Organization address; City; State; Zip Code	
	7401B West Hwy. 71	
	Ste. 160	•
	Austin, TX 78735	
Date	Corporation / Labor Organization name	
11/01/2017	Drolette Construction, Inc.	Amount of contribution (\$)
		\$1,000.00
	Corporation / Labor Organization address; City; State; Zip Code	
	208 Commerce Blvd.	
	Ste. A	
	Round Rock, TX 78664	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/02/2017	Flynn Construction Inc.	\$1,000.00
·	Corporation / Labor Organization address; City; State; Zip Code	
	4638 S. Lamar Blvd.	
ŀ		
	Austin, TX 78745	·
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/27/2017	Halff Associates, Inc.	\$500.00
ľ	Corporation / Labor Organization address; City; State; Zip Code	·············
	1201 North Bowser Rd.	
		·
	Richardson, TX 75081	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/09/2017	International Bancshares Corp.	\$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code	••••••
	1200 San Bernardo Ave.	
	Laredo, TX 78040	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/02/2017	J Robinson & Associates Architects, Inc.	\$200.00
ŀ	Corporation / Labor Organization address; City; State; Zip Code	
	PO Box 26426	
	Austin, TX 78755	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
11/06/2017	Lopez Salas Architects, Inc.	\$250.00
	Corporation / Labor Organization address; City; State; Zip Code	
	612 Winflo Dr.	
	*	·
		I

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 3/3 Rpt: 9/24	
2	FILER NAME Committee f	or Austin's Children	1	Filer ID (Ethics Commiss 00081923	sion Filers)
4	Date 11/02/2017	 5 Corporation / Labor Organization name MWM Design Group, Inc. 6 Corporation / Labor Organization address; City; State; Zip Code 305 East Huntland Dr. Ste. 200 Austin, TX 78752 	7	Amount of contribution (\$) \$150.00	
	Date 11/07/2017	Corporation / Labor Organization name Miller Imaging & Digital Solutions/Miller IDS Corporation / Labor Organization address; City; State; Zip Code 1000 E 7th St Austin, TX 78702	-14	Amount of contribution (\$) \$1,500.00	
	Date 11/02/2017	Corporation / Labor Organization name Place Designers Corporation / Labor Organization address; City; State; Zip Code 304 E. Main St. Ste. 100 Round Rock, TX 78664	•	Amount of contribution (\$) \$2,500.00	
	Date 11/01/2017	Corporation / Labor Organization name Texas Gas Service Corporation / Labor Organization address; City; State; Zip Code 1301 South Mopac Ste. 400 Austin, TX 78746	**	Amount of contribution (\$) \$5,000.00	

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

				-		
	The I	ารเ	ruction Guide explains how to complete this form.	1	Total pages Scher Sch: 1/1 Rpt: 10	•
2	FILER NAME			3	Filer ID (Eth	ics Commission Filers)
			Austin's Children		00081923	
4	Date	5	Corporation / Labor Organization name	7		8 In-kind contribution
	11/02/2017		Agnew Associates, Inc.		contribution(\$)	description
		6	Corporation / Labor Organization address; City; State; Zip Code		\$225.00	food & drinks for event
			14205 Burnet			
			Ste. 200			
L		L,	Austin, TX 78728		Check if travel outs	ide of Texas. Complete Schedule T.
	Date	Γ	Corporation / Labor Organization name		Amount of contribution(\$)	In-kind contribution description
	11/02/2017	<u> </u>	Baer Engineering and Environmental Consulting, Inc.	•	\$225.00	`
			Corporation / Labor Organization address; City; State; Zip Code		φ220,00	1000 & dilliks for event
			7756 Northcross Dr.		·	
		١	Ste. 211		·	
<u> </u>		L	Austin, TX 78757		Check if travel outs	ide of Texas. Complete Schedule T.
	Date	Γ	Corporation / Labor Organization name	Γ	Amount of contribution(\$)	In-kind contribution description
	11/02/2017		Coleman & Associates, Inc.		\$225.00	food & drinks for event
			Corporation / Labor Organization address; City; State; Zip Code		\$223,00	1000 & diffins for event
l		1	9890 Silver Mountain Dr.	١		• • •
		l			_	
L		L	Austin, TX 78737		Check if travel outs	ide of Texas. Complete Schedule T.
	Date		Corporation / Labor Organization name		Amount of	In-kind contribution
	11/02/2017	١.	Doucet & Associates		contribution(\$) \$225,00	description food & drinks for event
l			Corporation / Labor Organization address; City; State; Zip Code	}	\$225,00	1000 & GIRKS IOI EVERL
			7401B West Hwy. 71			
			Ste. 160			
<u> </u>		L	Austin, TX 78735	1_	Check if travel outs	ide of Texas. Complete Schedule T.
Г	Date	Γ	Corporation / Labor Organization name	Γ	Amount of	In-kind contribution description
l	11/02/2017	<u> </u>	Method Architecture		contribution(\$) \$225.00	· ·
		l'''	Corporation / Labor Organization address; City, State; Zip Code		φ223,00°	lood of dilling lot event
			1907 N. Lamar Blvd.			
1		1	Ste. 260	١		
L	····	L	Austin, TX 78705		Check if travel outs	ide of Texas. Complete Schedule T.
l						
l						
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ì					•	
	· ·					
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1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	d Committee Legal Services	Office Ove nse Polling Exp Is Expense Printing Ex	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not list	ated Expense
		suite explains now to col	inhiere trus rottu.		
1 Total pages Schedule F1:				1	mission Filers)
Sch: 1/14 Rpt: 11/24	Committee for Austin's Chi	ildren		00081923	
4 Date	5 Payee name				
11/09/2017	Butts, David				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
\$5,000.00	1914 Patton Ln	•			
	Austin, TX 78723				<u> </u>
8 PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense			outside of Texas. Complete Schedule	г.
				n, TX, officeholder living expense	
	·	·	General cam	paign consulting	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held	
Date	Payee name				
11/06/2017	Checkmark Typesetting				
	<u></u>	State: Zin Co			
Amount (\$)	Payee address; City;	State; Zip Co	ue		
\$86.60	3217 N. IH 35				
·	Austin, TX 78722			·	
PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
OF	Advertising Expense	,	`	outside of Texas. Complete Schedule	т.
EXPENDITURE				n, TX, officeholder living expense	
ļ			sign hardwar	re	•
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held	-
Date	Payee name				
11/08/2017	Cover 3				
<u> </u>					
Amount (\$)	Payee address; City;	State; Zip Co	đe	And the second second	
\$445.41	1717 W 6th St			•	•
	Austin, TX 78703	4	•		÷
PURPOSE	(a) Category (See Categories listed at	t the top of this echedule)	(b) Description	<u> </u>	
OF	Food/Beverage Expense	t the top of this acreducy		l outside of Texas, Complete Schedule	т.
EXPENDITURE			_	n, TX, officeholder living expense	
			Election Nigl	ht Party	
1	1		•		
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held	
expenditure to benefit C/O			-	•	-
		-	•		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract Professional Part (Sept. 1997)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Col	nmittee	Citt/Awards/Memorials Expe Legal Services The Instruction Guide	Salarie	-	s/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed	above)
۲	Total naven Cabe at 1- ma	~	FILED MAN					1~	Files In	(February Communication Commun	
1	Total pages Schedule F1: Sch: 2/14 Rpt: 12/24	2		for Austin's Childre	n			3	Filer ID 00081923	(Ethics Commi	ssion Hiers)
L				.c. / wom, o cindle				<u> </u>	20004040		
14	Date	5	Payee name								
l	12/31/2017		DonateWay								
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip	Code					
	\$132.04		P.O. Box 30		•						4
	·										
1	•		Austin TV	פחלפז							
L		_	Austin, TX						·		<u> </u>
8	PURPOSE	(a)	Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description		,		
l	OF EXPENDITURE		Fees							nplete Schedule T,	
							lI		, officeholder livin	- •	
1						1	merchant acc	uou	nic brocessii	ny tees	
L		<u> </u>	<u> </u>	·							
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office s	ought			Office h	eld	
	expenditure to benefit C/OI	1									
F	Date	Г	Рауее пате							······································	
	11/01/2017		Frost Bank								
H		<u> </u>		nn: City	Cinta: 71-	C04-					
	Amount (\$)		Payee addre		State; Zip	COOS				•	
1	\$5.00		401 Congre	ess Ave.							
] .			Austin, TX	78701							*
H	PURPOSE	(a)	Category 19	ee Categories (Isted at the to	n of this schedule)	(b)	Description				
	OF	۱΄	Fees	dough them m nic to	E HIS SOMMUS	'		outs	ide of Texas, Cor	mplete Schedule T.	•
	EXPENDITURE						ш	1, TX	, officeholder livin	g expense	
						1	bank fee				
Г	Complete ONLY if direct		Candidate/Off	iceholder name	Office s	ought			Office h	ield	
1	expenditure to benefit C/O	Н	٠								
F	Date	T	Dauca co-	<u></u>		<u> </u>		****			<u> </u>
	11/30/2017		Payee name Frost Bank								
L		L	<u> </u>								
	Amount (\$)		Payee addre		State; Zip	Code				٠	
	\$5.00	1	401 Congre	ess Ave.							
-			Austin, TX	78701							
\vdash	PURPOSE	15				72-1	\ Departure				
İ	OF	الظ		ee Categories listed at the to	p of this schedule)	[(0)	Description Check it travel	Dut-	ide of Texas Co	mplete Schedule T.	
	EXPENDITURE		Fees	*					officeholder livir	•	
	•			•			bank fee				
		1					-				
\vdash	Complete ONLY if direct		Candidata/CE	iceholder name	Office :		•		Office L	vold	
Ī	Complete ONLY if direct expenditure to benefit C/O:		Canuluate/Off	icendider hame	Omce s	ougn	L		Office I	ieiū	
L		_	·	<u></u>							
1							•				٠

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a patenory pot listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica		nmittee	Gift/Awards/Memo Legal Services	ials Expense	Printing E Salaries/\	Expense Wages/	e /Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed :	above)
	Credit Card Payment			The Instruction	Guide explains	how to co	omple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 3/14 Rpt: 13/24			for Austin's C	hildren					00081923		
4	Date	5	Payee name									
	12/29/2017	L.	Frost Bank					<u> </u>				
6	Amount (\$)	7	Payee addre	ss; City;	State	Zip Ci	ode					
	\$5.00		401 Congre	ess Ave.								
L			Austin, TX	78701								
8	PURPOSE	(a)	Category (s	ee Categories listed	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees				1	إسسا		le of Texas. Con officeholder livin	nplete Schedule T.	
								bank fee	, 17,	OUNCENDINE! IIVIII	d exterize	
								DU 100				
9	Complete ONLY if direct	_	Candidate/Off	iceholder name	. (Office so	tabt			Office h	eld	
	expenditure to benefit C/OI		Jul 1010101010101	ioonada name	•	J11100 301	- <u>-</u>			Cco II		
H	Date		Payee name									·
1	11/09/2017		Hernandez									
<u> </u>		<u> </u>			Chata	; Zip Ci	odo.	<u> </u>				
	Amount (\$) \$4,000.00		Payee addre	ess; City; or Road #108	State	, zip Ci	oue					
	\$4,000.00		2400 Mailu	i Ruau #100						,	,	
			A 45 TTM :	70700								٠.
┕		_	Austin, TX								·	
ľ	PURPOSE OF	(a)			l at the top of this sch	redule)	(b)	Description		4: - !		٠.,
l	EXPENDITURE		Consulting	Expense						ae of Texas, Cor officeholder livin	nplete Schedule T. Ia expense	
1		•						Fundraising o			* ''	
					•			_				
H	Complete ONLY if direct		Candidate/Off	iceholder name	2	Office so	ught			Office h	eld	
	expenditure to benefit C/O	Н										
F	Date	Π	Payee name									
1	12/04/2017	1	Postmaster									
一	Amount (\$)	<u> </u>	Payee addre	ess; City;	State	; Zip C	ode			· <u></u>	·	<u> </u>
	\$98.00		3507 N Lar			•						
	•											
			Austin, TX	78705							•	
\vdash	PURPOSE	(a					(b)	Description				
	OF	"		see Categories lister /Fundraising	i at the top of this sci Expense	hedule)	"		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Concitation	n unununng	Enhouse			Check if Austin	ı, TX,	officeholder livir	ng expense	
		١					1	postage				
L		L										
	Complete ONLY if direct		Candidate/Off	ficeholder name	3	Office so	ught			Office h	ield	
	expenditure to benefit C/O	<u>п</u>										

SCHEDULE F1

Advertising Expense

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Rela

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	emorials Expense Print Sala	ng Expense ing Expense ries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
	<u></u>	tion Guide explains how t	o complete this form.	
Total pages Schedule F1:			•	3 Filer ID (Ethics Commission
Sch: 4/14 Rpt: 14/24	Committee for Austin's	s Children		00081923
Date !	Payee name	<u></u>		
10/31/2017	Rindy Miller Media			•
Amount (\$)	7 Payee address; City	; State; Zip	Code	
\$19,785.00	2401 E 6th St.	, otate, Esp	Couc	
Ψ13,103,00	2401 E 001 36			
	Austin, TX 78702		•	
PURPOSE	a) Category (See Categories I	istant at the top of this rehadule)	(b) Description	
OF	Printing Expense	race at the rely or this schedule)	· · · · ·	l outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Aust	in, TX, officeholder living expense
			Design, prin	ting & mailing services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	sought	Office held
Date	Payee name			
11/09/2017	Susan Harry Consulti	ng		
Amount (\$)	Payee address; City	; State; Zip	Code	
\$2,000.00	P.O. Box 301074	,		
42,000.00	110,			
	Austin, TX 78703			
PURPOSE	a) Category (See Categories I	isted at the top of this schedule)	(b) Description	· .
OF }	Consulting Expense	•	Check if trave	outside of Texas. Complete Schedule T.
EXPENDITURE	- ,			in, TX, officeholder living expense
		•	Fundraising	& compliance consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	sought	Office held
Date	Payee name			
11/06/2017	Susan Harry Consulti	ng	•	
Amount (\$)	Payee address; City	/; State; Zir	Code	
\$4,000.00	P.O. Box 301074	il cuit, mi	. 0000	
\$4,000.00 J	F.O. DOX 301014			
				4 - 1
	Austin, TX 78703			
PURPOSE	(a) Category (See Categories I	listed at the top of this schedule)	(b) Description	
OF (Consulting Expense		Check if trav	el outside of Texas. Complete Schedule T.
EXPENDITURE	. .		I	tin, TX, officeholder living expense
			Fundraising	& compliance consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder na	ame Office	sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation

Event Expense Fees
Food/Beverage Expense
Gilt/Awards/Memorials Ex

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services The Instruction Guide	Salarie	s/Wage	s/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not liste	ed above)
1 Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Com	mission Filers)
Sch: 5/14 Rpt: 15/24	1	for Austin's Childre	en				00081923	(Edito Colla	mission i neisj
4 Date 11/01/2017	5 Payee name Texas Sec	e retary of State							
6 Amount (\$) \$8.22	7 Payee addro 1019 Brazo Austin, TX	os St.	State; Zip C	Code	-				·
8 PURPOSE		See Categories listed at the to	on of this sahadula)	(b)	Description				
OF EXPENDITURE		/Fundraising Expen			Check if travel	, TX,	officeholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		liceholder name	Office so	ought			Office h	eld	
Date	Payee name								
12/21/2017	Thompson	& Knight							
Amount (\$)	Payee addre	ess; City;	State: Zip C	ode					
\$159.00	98 San Jac	into Blvd.							
	Ste. 1900	•					٠		
	Austin, TX	78701							
PURPOSE OF EXPENDITURE	(a) Category (s Legal Servi	iee Categories listed at the to	op of this schedule)	(b)			de of Texas. Com	plete Schedule T.	
			,		legal fees		·	•	
Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld	
Date	Payee name								
11/02/2017	Vincent To								
Amount (\$) \$2,000.00	Payee addre 6207 Mayh		State; Zip C	ode		n	<u></u>	44114	
	Austin, TX	78721							
PURPOSE OF EXPENDITURE		ee Categories listed at the to ages/Contract Labo		(b)	Description Check if travel of Check if Austin, Field services	TX,	le of Texas. Com officeholder living		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Off	iceholder name	Office so	ught			Office he	eld	
							· · · ·		<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Reverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	mmittee	Gift/Awards/Me Legal Services The Instruct	'	nse		xpens Wages			Travel Out of D OTHER (enter	District	ot listed above)		
┰	Total pages Schedule F1:	ر آ	CII ED NAM			Marie		11111	ite una raina	Т	=:110	erahama e		
Ĺ	Sch: 6/14 Rpt: 16/24		Committee		s Chi <u>l</u> dren	J				3	Filer ID 00081923		Commission F	ilers)
4	Date 11/09/2017		Payee name Winning Co				,			<u></u>				
6	Amount (\$) \$6,441.44		Payee addre 317 Pennsy 2nd Floor Washingtor	ylvania Ave	e. SE	State;	Zip Co	nde						
8	PURPOSE OF EXPENDITURE) Category _{(S}		ited at the top o	of this sched	dule)	(b)			ide of Texas, Cor , officeholder livin		lule T.	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder na	me	Of	ffice sou	ight			Office h	ield		
	Date	T	Payee name											
	11/03/2017	1	Worley Prin											
_	Amount (\$)	+	Payee addre	ess; City;		State;	Zip Co	ode				·	<u> </u>	
	\$434.08	- I	3217 North			 ,		ru-						
	•													
L		-	Austin, TX 7									<u>.</u>		- <u></u>
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Printing Exp	æ Categories lis Je∩Se	ted at the top o	of this sched	iule)	(b)		, TX,	de of Texas. Con officeholder livin		ule T,	-
L	Complete ONLY if direct	Ļ	Candidate/Offi	icchalder na										
	expenditure to benefit C/O		.anuluate/On	Centilitier nai	пе	Oil	ffice sou	gnı			Office h	eld		
	Date 11/06/2017		Payee name Worley Prin					_						
	Amount (\$) \$565.07		Payee addres 3217 North	IH-35		State;	Zip Co	de						
		L	Austin, TX 7	78722										
	PURPOSE OF EXPENDITURE		Category _{(Se} Printing Exp		ted at the top o	of this sched	lule)			, TX,	de of Texas. Con officeholder livin		ule T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Ή ·H	Candidate/Offi	ceholder nar	пе	Off	ffice sou	ght			Office h	eld		
									· · · · · · · · · · · · · · · · · · ·					

SCHEDULE F1

CONTRIBUTION	VS	•				SCH	FDOTE LT
		EXPENDITURE C	ATEGORIES FO	R BC	X 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Re Office O Polling E ense Printing Salaries	paymer verhead xpense Expens Wages	nt/Reimbursement t/Rental Expense e e t/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment of Travel in District Travel Out of District OTHER (enter a category r	Related Expense
1 Total pages Schedule F1: Sch: 7/14 Rpt: 17/24		for Austin's Children	n			3 Filer ID (Ethics 00081923	Commission Filers)
4 Date 11/06/2017	5 Payee name Worley Prin	ting					
6 Amount (\$) \$1,995.05	7 Payee addres 3217 North	IH-35	State; Zip C	ode			
8 PURPOSE OF EXPENDITURE	Austin, TX 7 (a) Category (see Printing Exp	ee Categories listed at the top	p of this schedule)	(b)	<u></u>	outside of Texas. Complete Sche , TX, officeholder living expense tcards	tule T.
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office so	ught		Office held	
Date	Payee name	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
11/09/2017	Y Strategy						· · · · · · · · · · · · · · · · · · ·
Amount (\$) \$335.37	Payee addre 3110 Mano Ste. H Austin, TX	r Rd.	State; Zip C	ode	·		
PURPOSE OF EXPENDITURE		ee Categories listed at the top head/Rental Expen		(b)	<u></u>	outside of Texas. Complete Sche , TX, officeholder living expense pplies	dule T.
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught		Office held	·
Date 11/09/2017	Payee name Y Strategy						
Amount (\$) \$390.33	Payee addre 3110 Mano Ste. H Austin, TX	r Rd.	State; Zip C	ode			
PURPOSE OF EXPENDITURE	(a) Category (s Advertising	ee Categories listed at the to Expense	op of this schedule)	(b)	-	outside of Texas, Complete Scho , TX, officeholder living expense	dule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office so	ought		Office held	

POLITICAL EXPENDITURES FROM POLITICAL

SCHEDULE F1

,	CONTRIBUTIONS										
			EXPENDITURE	CATEGORIES F	OR B	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Loan F Office Polling pense Printin Salarie	epayme Overhea Expens J Expens s/Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>	<u> </u>			3	Filer ID	(Ethics Commission F	ilers)	
	Sch: 8/14 Rpt: 18/24		for Austin's Childre	en				00081923			
4	Date	5 Payee name					<u> </u>			<u></u> -	
	11/09/2017	Y Strategy									
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	\$1,000.00	3110 Mano Ste. H Austin, TX	r Rd.								
8	PURPOSE	(a) Category (s	ee Categories listed at the	top of this schedule)	(b)	Description					
	OF EXPENDITURE	Consulting							plete Schedule T.		
					Ţ	Graphic design		officeholder living	gexpense		
						Orapine desig	gii s	ici vices			
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office	ought			Office h	eld	<u></u>	
	Date	Payee name									
	11/06/2017	Y Strategy									
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code			<u> </u>			
	\$1,777.73	3110 Mano	• •	Juste, Lip	Couc						
	42,11110	Ste. H									
		Austin, TX	70722								
	DUDOORE				100						
	PURPOSE OF		ee Categories listed at the	top of this schedule)](D)	Description Check if travel	outsir	te of Texas, Con	nplete Schedule T.		
	EXPENDITURE	Advertising	Expense		ı	=		officeholder livin	•		
						Telephone ca	alls				
_	Complete ONLY & Zinger	04:4-4-405	·	O#=-				Office to			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office s	uugni	3		Office h	eiu		
	Date	Payee name									
	11/06/2017	Y Strategy									
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code						
	\$1,832.69	3110 Mano	•	·							
		Ste. H									
		Austin, TX	78723								
	PURPOSE		See Categories listed at the		(h)	Description					
	OF .	Consulting		wh or rula scredule)	1,,,,		outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE					lami)		officeholder livin	g expense		
						Field service	S				
L											
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	ought			Office h	eld		
L		Thinn Commission									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Foundment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gilt/Awards/Memorials Exp Legal Services		xpense Expens	,		Travel in District Travel Out of Distri OTHER (enter a ca		above)
Credit Card Payment		The Instruction Guide	explains how to c	omple	te this form.				
1 Total pages Schedule F1: Sch: 9/14 Rpt: 19/24		E for Austin's Childre	n			3	Filer ID 00081923	(Ethics Commis	sion Filers)
4 Date	5 Payee name					<u></u>			
11/09/2017	Y Strategy								
6 Amount (\$) \$2,229.70	7 Payee addre 3110 Mand Ste. H Austin, TX	or Rd.	State; Zip C	ode					
8 PURPOSE OF EXPENDITURE	(a) Category (s Advertising	See Categories listed at the to Expense	pp of this schedule)	(b)	Check if Austin	1, TX	ide of Texas. Compl , officeholder living e rtising & place	expense	
Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office hel	d	
Date	Payee name								
11/09/2017	Y Strategy								
Amount (\$)	Payee addr	ess; City;	State; Zip C	ode		•			
\$2,750.00	3110 Man	•	O,p						
Ψ2,1 00.00		,u.						•	
	Ste. H								
	Austin, TX	78723							
PURPOSE OF EXPENDITURE	(a) Category (Advertising	see Categories listed at the to g Expense	op of this schedule)	(b)	<u></u>		side of Texas. Compl s, officeholder living e		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office hel	ld	
Date 11/09/2017	Payee nam Y Strategy								
Amount (\$) \$3,520.39	Payee addr 3110 Man Ste. H Austin, TX	or Rd.	State; Zip C	ode					
PURPOSE OF EXPENDITURE	(a) Category Advertising	See Categories listed at the t g Expense	op of this schedule)	(b)	Check if Austin	n, T)	side of Texas. Comp K, officeholder living ortising & place	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	ought			Office he	ld	
									<u>.</u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Ex

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/ Donations Made Candidate/Officeholder/Poli Credit Card Payment		y - :al Committee	Gift/Awards/Memorials Expense Printing E			xpense /ages/Contract Labor (Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	7 FILER NAM			UTT 1.2	lipiere a	·	3	Filer ID (Ethics	- Paralerian	\
	Sch: 10/14 Rpt: 20/24		we e for Austin's Childre	en					O0081923	s Commission F	-ilers)
4	Date	5 Payee name	JG						· · · · · · · · · · · · · · · · · · ·		
	11/09/2017	Y Strategy									
6	Amount (\$)	7 Payee addre	ress; City;	State;	Zip Cod	de					
	\$4,112.25	1	•		•						
	,	Ste. H									
	,	Austin, TX	(78723								
8	PURPOSE		· ·		.	ALL Sangir					
-	OF	Consulting	(See Categories listed at the to DEXDENSE	op of this scheo	dule)	(b) Descrip		- rigit	de of Texas. Complete Scho	bda.T	
	EXPENDITURE	Guilden	, Expense		J				officeholder living expense		
	,				-		services				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Of	fficeholder name	Of	Office soug	ght	<u></u>	_	Office held		
L	onpennie e contra							_		. <u> </u>	·
	Date	Payee name	e					_			
	11/09/2017	Y Strategy	1			٠					
	Amount (\$)	Payee addre	ress; City;	State;	Zip Cod	de		—			
	\$4,131.35		• •	· •	- Parish	10					
	,	Ste. H									
	,	Austin, TX	י דמדמק								
—			· · · · · · · · · · · · · · · · · · ·								
	PURPOSE OF		(See Categories listed at the to	op of this sched	dule)	(b) Descrip					-
ĺ	EXPENDITURE	Advertising	_J Expense						le of Texas. Complete Sche officeholder living expense		
	,			•	1	Phone		∴ X, ⊆	Agreenotines training experience		
	1					1 **=:::	tans				
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Of	ffice soug	jht			Office held		
$\overline{}$	Date	Payee name	P					_			
1	11/06/2017	Y Strategy							*		
	Amount (\$)	Payee addre		State:	Zip Cod	-1-2				· · · · · · · · · · · · · · · · · · ·	
	\$4,183.70	3110 Mano		₩,	41µ	ie					
	,	Ste. H	// itu.								
<u></u>		Austin, TX									·
	PURPOSE OF	(a) Category ((See Categories listed at the to	op of this sched	dule)	(b) Descrip					
	EXPENDITURE	Advertising	J Expense	-		_			le of Texas. Complete Sche		÷
	1					Check postage		Х, с	officeholder living expense		
ĺ						h	<i>j</i> e				
$\overline{}$	Complete ONLY if direct	Candidate/Of	fficeholder name		ffice soug				Office hold		
	expenditure to benefit C/OF	Н	/ICCHOIGE (Mario	-	/ICE Dung	,ht			Office held	•.	
_											
1										•	
1.											

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Award Legal Ser		•	Polling Ex Printing E Salaries/V	pens xpens Vages			Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	72	FILER NAME					•		3	Filer ID	/E++	ics Comn	iesian Fil	losa)
	Sch: 11/14 Rpt: 21/24	Γ	Committee for Austin's Children						ľ	00081923		ncs Canni	11551011 [1]	icis)	
┝	Date	5									00001320				
	11/06/2017	ľ	Payee name Y Strategy												
Ļ		╄													
6	Amount (\$)	7	Payee addre	-	City;	State;	Zip Co	ode				٠			
	\$10,000.00		3110 Manor	r Ka.											
			Ste. H												
			Austin, TX 7	78723											
8	PURPOSE	(a)	Category (se	ee Categor	ies listed at the	top of this sche	edule)	(b)	Description						
	OF EXPENDITURE		Consulting I	Expens	e				=		de of Texas. Co	•			
									_		officeholder livi	- ,			
	•				-				General cam	pa	gn manage	ment			
9	Complete ONLY if direct	Ц,	Condidate IOE				·cr	<u> </u>							
ħ	expenditure to benefit C/O		Candidate/Offi	cendide	г пате		Office sou	gnt			Office (neld			
	Date		Payee name												1 1.71
	10/30/2017		Y Strategy												
	Amount (\$)		Payee addres	55; (City;	State;	Zip Co	de							
	\$5,128.47		3110 Manor	Rd.											
			Ste. H												
			Austin, TX 7	78723											
	PURPOSE .	(a)	Category (Se	e Categori	ies listed at the t	ton of this sche		(b)	Description	-					
	OF EXPENDITURE	1	Consulting I							outsi	de of Texas. Co	mplete S	ichedule T.		•
	L.IDI.UIL	1									officeholder livi	ng expen	ıse		
	+								Email list mar	nag	ement				
		L													
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholdei	r name	0	ffice sou	ght			Office I	ield			
	Date		Payee name												
	10/30/2017		Y Strategy		•*										
	Amount (\$)		Payee addres	ss; C	City;	State;	Zip Co	de					•		
	\$4,000.00		3110 Manor	Rd.											•
			Ste. H												
			Austin, TX 7	8723											
	PURPOSE	(a)	Category (Se	o Cota-sai			-1.1-3	(h)	Description						
	OF		Consulting E			op or ms sche	iquie)	(~)	Check if travel	outsio	de of Texas, Co	nplete S	chedule T.		
	EXPENDITURE				_				Check if Austin,						
									Placement of	on	line advert	sing			
		<u> </u>									<u></u>				
	Complete ONLY if direct expenditure to benefit C/OH	Н	Candidate/Offic	ceholder	name	0	ffice sou	ght			Office I	eld			
		_		. •											

POLITICAL EXPENDITURES FROM POLITICAL

(CONTRIBUTION	VS								SCHEDU	JLE F1	•
-	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	/ - Il Committee	EXPENDITURE Event Expense Fees Foot/Beverage Expense Gitt/Awards/Memorials Ex Legal Services The Instruction Guid	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymer erheac pense xpens vages	nt/Reimbursement d/Rental Expense e e d/Contract Labor		Solicitation/Fundr Transportation Ec Travel in District Travel Out of Dist OTHER (enter a I	rict	·	-
1	Total pages Schedule F1: Sch: 12/14 Rpt: 22/24		E for Austin's Childre	en					Filer ID 00081923	(Ethics Comr	nission Filer	5)
4	Date 10/30/2017	5 Payee name Y Strategy							-			
6	Amount (\$) \$1,883.33	7 Payee addre 3110 Mand Ste. H Austin, TX	r Rd.	State;	Zìp Co	de						
8	PURPOSE OF EXPENDITURE	(a) Category (s Consulting	ice Categories listed at the I Expense	top of this sche	edule)	(b)		1, TX, (e of Texas. Comp officeholder living SEIVICES			
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	O	ffice sou	ght			Office he	ld		
	Date 10/30/2017	Payee name Y Strategy	•									
	Amount (\$) \$7,000.00	Payee addre 3110 Mand Ste. H Austin, TX	or Rd.	State;	Zip Co	de						
	PURPOSE OF EXPENDITURE		See Categories listed at the	top of this sche	edule)	(b)	لسط	n, TX, 0	le of Texas. Comp officeholder living nt			
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	O	Office sou	ight			Office he	ld	·	
	Date 10/30/2017	Payee name Y Strategy				·					<u> </u>	
	Amount (\$) \$4,300.00	Payee addro 3110 Mano Ste. H Austin, TX	or Rd.	State;	Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a) Category (Consulting	See Categories listed at the Expense	top of this scho	edule)	(b)		n, TX,	le of Texas. Comp officeholder living SECVICES			
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	C	Office sou	ight			Office he	ild		
	:											

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEE Refer a contenuou per listed above)

Candidate/Officeholder/Politica Credit Card Payment		, , ,
1 Total pages Schedule F1:	l2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/14 Rpt: 23/24	Committee for Austin's Children	00081923
4 Date	5 Рауее пате	
10/30/2017	Y Strategy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$846,00	3110 Manor Rd.	
	Ste. H	
	Austin, TX 78723	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
OF EVEN NOTICE		heck if travel outside of Texas. Complete Schedule T.
EXPENDITURE		heck if Austin, TX, officeholder living expense
	Pho	ne calls
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	<u>n</u>	
Date	Payee name	
10/30/2017	Y Strategy	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	3110 Manor Rd.	
	Ste. H	
	Austin, TX 78723	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
OF EXPENDITURE	Office Overhead/Rental Expense	theck if travel outside of Texas. Complete Schedule T.
LA LIBITORE	; <u> </u>	theck if Austin, TX, officeholder living expense
•	sup	plies
Consider Other Reference	Contide to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Onice neid
Date	Payee name	
10/30/2017	Y Strategy	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,641.77	3110 Manor Rd.	·
	Ste. H	
	Austin, TX 78723	
BURBOCT		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	CRIPTION Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense	Check If Austin, TX, officeholder living expense
		d services
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	DH	•

SCHEDULE F1

•	CONTRIBUTION	V 5							•
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		EXPENDITURE Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials E Legal Services	Lo O Po Oxpense Pi	oan Repaymer flice Overhead olling Expense rinting Expens	nt/Reimbursement I/Rental Expense	Transportation Travel in Dist Travel Out of	rict District	ense I Related Expense ot listed above)
	Credit Card Payment		The Instruction Gui	de explains hov	v to comple	te this form.			
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID	(Ethics	Commission Filers)
	Sch: 14/14 Rpt: 24/24	Committee	for Austin's Child	ren			0008192	3	
4	Date 10/30/2017	5 Payee name Y Strategy							
6	Amount (\$) \$6,300.39	7 Payee addre 3110 Mano Ste. H Austin, TX	r Rd.	State; 2	ip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (s Consulting	ee Categories listed at th Expense	e top of this schedu	(b)	<u></u>	outside of Texas. C n, TX, officeholder li NG	-	iule T.
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Offi	ce sought		Office	held	
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