# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM SPAC COVER SHEET PG 1

The SPAC instruction Guid	e explains how to complete this form.	1 Filer ID (Ethics Commis	sion Filers)	2 Total pages fil	ed:
3 COMMITTEE NAME		,		OFFICE	USE ONLY
	AUSTIN VOLUNTEER ADDRESS / PO BOX: APT / SUITE #:	s for EDUCE CITY: STATE:	Ct/m	Date Received	
4 COMMITTEE ADDRESS	P.O. Box 917	•	ZIP CODE		
Change of Address	AUSTIN, TX. 78	3709			,
3				Date Hand-delivered	or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST THERES	3	MI	Receipt #	Amount \$
	NICKNAME LAST		SUFFIX	Date Processed  Date Imaged	
					ž.
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	9212 SOMMER	LAND WAY	STATE;	ZIP CODE	
	AUSTIN, TX	78749			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; AF	71 741	STATE;	ZIP CODE	
Change of Address	AUSTIN, TX	78709			
8 CAMPAIGN TREASURER PHONE	(830) 460 - 37	EXTENSION OF THE PROPERTY OF T	N .		
9 REPORT TYPE	July 15	ith day before election n day before election anoil		Exceeded \$500 limit Dissolution (Attach PAC	•
10 PERIOD COVERED	Month Day Year			Month Day	Year
	09/29/201	7 THROUGH		10/28	12017
11 ELECTION AISD BOND ELECTIVE	ELECTION DATE  Month Day Year Prin	nary Runoff 🔀	Other Description	DISTRICT B	onD
	GO '	TO PAGE 2			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	2//		D (Ethics Commission Filers)
SOUTHWEST /ty	ISTIN VoleNTER		081997
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain			•
paper to complete this report if necessary.)	CANDIDATE		
X SUPPORT			
(Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
<b>/</b>			
OPPOSE (Candidate or Measure)			
(Outlandic of Micasofe)		BALLOT IDENTIFICATION/# ELECTION	DATE
		AISD BOND Month Day	Year
ASSIST	MEASURE	Proposition A 11/+/	2017
(Officeholder)		DESCRIPTION	
		School Bond	
15 CONTRIBUTION	1. TOTAL POLITICAL	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	£ 0()
TOTALS		, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 147,00
	9 TOTAL BOLLTICA	AL CONTRIBUTIONS	
	l .	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 397 00
EXPENDITURE			<i>-</i> - 1 / 1 · .
TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 121.24
	4. TOTAL POLITICA	AL EXPENDITURES	\$ 221 90
	A		771.
CONTRIBUTION BALANCE	1	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$ 110 10
	OF THE REPORT!	NG PERIOD	75.
OUTSTANDING	6. TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	<b>^</b>
LOAN TOTALS		REPORTING PERIOD	\$ 6
16 AFFIDAVIT		I make a selfton and a make the set and an at-	at the ease-service-
		I swear, or affirm, under penalty of perjury, the report is true and correct and includes all in	·
	JESSICA WILLIAMS	be reported by me under Title 15, Election C	
	Notary Public STATE OF TEXAS		
	D#131043226	121 Theresa Rastra	
	My Comm. Exp. Mar 13. 20	Signature of Campaign Treat	CUITAF
		Gignative of Campaign freat	sui Gi
AFFIX NOTARY STAMP/SEA	LABOVE		
		Thorna Lilon Ballon	317
Sworn to and subscribed	. اس	<del>// -/ </del>	his the
day of Utobel	, 20, to	certify which, witness my hand and seal of office	•
0.00	ر م	0 1.00 0	1.1
-DXXIVE MUL	usimos Je	Sica Williams /	OHAVY
Signature of officer adminis	tering oath Printed	name of officer administering oath Title of o	fficer administering oath

### **SUBTOTALS-SPAC**

### FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME 18 Filer ID (Ethics Con	mmissio	n Filers)
	SOUTHWEST AUSTIN VOLVITSELS FOR EDUCATION 0008:	199	17
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7	397.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	32,00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0-
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	0-
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	0-
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	0-
7.	SCHEDULE E: LOANS	\$	0-
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5	321.90
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0-
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0-
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0-
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0-
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0-
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0-

### **MONETARY POLITICAL CONTRIBUTIONS**

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
SOUTHW	188T AUSTIN VOLUNTEUS FOR	Encotion	00081997
4 Date	5 Full name of contributor 🔲 out-of-state PAC		7 Amount of contribution (\$)
9/25/17	EDWARD SCRUGES 6 Contributor address; City; State 5848 BACKBAY LANE AUST	; Zip Code in. Tx 78739	40.00
	pation / Job title (See Instructions)	9 Employer (See Instruc	
REAL ES	TATE SALES / LISTING		
Date	Full name of contributor 🔲 out-of-state PAC	`	Amount of contribution (\$)
10/10/17	CHAD KISSINGER  Contributor address; City; State  10906 RICHENTILL AUST		250.00
D-ii			· ·
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
10/24/17	REBECCA HALL  Contributor address; City; State  6921 ESTANA LN AUSTIN	1	25,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
10/19/17	Contributor address; City; State 6817 TANAQUA S.T. A	Zip Code 78730	50,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	FTHIS SCHEDI II F AS NE	FEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
SULTHU	DEST AUSTIN VOLUNTEERS FOR E	watim	00081997
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor	)	8 Amount of . 9 In-kind contribution Contribution \$ . description
9/20/17	9/20/17 EDWARD Servers 7 Contributor address; City; State; Zip Code		\$32.00 P.O. BOX
	5848 BACK BAY LANCE AUSTIN	·. 7×	Check if travel outside of Texas. Complete Schedule T.
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
KEAL E	STATS SALES/LISTING principal occupation (FOR JUDICIAL)	1-87'S	MOUE AUSTIN
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribi	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of . In-kind contribution Contribution \$ . description
			•
	Contributor address; City; State; Zip Con	ue	Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)
· moparou		Linploy	or (1 or 11 or 1 o o o o o o o o o o o o o o
Contributor's	s principal occupation (FOR JUDICIAL)	Contribi	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
V 1			
*			
p o m			
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHED	III FAS NEEDED
if	f contributor is out-of-state PAC, please see instruction		

### SCHEDULE B

PLEDG	ED CONTRIBUTIONS	ne - ,	N/A	SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedu	le B:
2 FILER NAME			3 Filer ID (Ethics Co	nmmission Filers)
SOUTHWE	8T AUSTIN VOLUNTEERS to E	peration	000 8°	1997
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	. 9 In-kind contribution . description
	7 Pledgor address; City; State; 2			· · ·
			<u> </u>	de of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
,	Pledgor address; City; State; 2	čip Code		
	1			de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor ut-ot-state PAC (ID#:_	)	Amount	In-kind contribution
			of Pledge \$	description
	Pledgor address; City; State; 2	Zip Code		
			Check If travel outside	le of Texas. Complete Schedule T.
Principal occu	ipation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z			• • •
			Check if travel obtain	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
lf (	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see inst			equirements.

## MONETARY CONTRIBUTIONS FROM **CORPORATION OR LABOR ORGANIZATION** SCHEDULE C1 1 Total pages Schedule C1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Envation 00081797 TUTHUES 5 Corporation / Labor Organization name 7 Amount of contribution (\$) 6 Corporation / Labor Organization address; City; State; Zip Code Date Corporation / Labor Organization name Amount of contribution (\$) Corporation Labor Organization address; City; State; Zip Code Date Corporation / Labor Organization name Amount of contribution (\$) Corporation / Labor Organization address; City; State; Zip Code Corporation / Labor Organization name Date Amount of contribution (\$) Corporation / Labor Organization address; City; State; Zip Code Corporation / Labor Organization name Date (\$) (mount of contribution

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Corporation / Labor Organization address; City; State; Zip Code

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM NONE CORPORATION OR LABOR ORGANIZATION SCHEDULE C2

		The Instruction Guide explains how to complete this form.	1 Total pages Schedule C2:
2	FILER NAM	AE /	3 Filer ID (Ethics Commission Filers)
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	<u> 200</u>	THEST AUSTIN VOLWESS FOR COUCATION	n 00081997
4	Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution \$ description
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		6 O	NME
	_	6 Corporation / Labor Organization address; City; State; Zip Code	<u></u>
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	Date	Corporation / Labor Organization name	Amount of . In-kind contribution Contribution \$ . description
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		Corporation / Labor Organization address; City; State; Zip Code	:
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			Check if travel outside of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name	Amount of In-kind contribution
	Date	Sorporation / Labor Organization name	Contribution \$ description
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		Corporation / Labor Organization andress; City; State; Zip Code	
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			Check if travel outside of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name	Amount of ' In-kind contribution
		. \	Contribution \$ description
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		Corporation / Labor Organization address; City; State; Zip Code	•
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			Check if travel outside of Texas. Complete Schedule T.
	Date	Corporation / Labor Organization name	Amount of . In-kind contribution Contribution \$ . description
			· description
		<b>\</b>	·
			:
		Corporation / Labor Organization address; City; State; Zip Code	·
			Check stravel outside of Texas. Complete Schedule T.
		ATTAOLI ADDITIONAL GODIEG GETUG GOLIEDU	UP AG MERDED
		ATTACH ADDITIONAL COPIES OF THIS SCHEDU	ILE AS NEEDED

# PLEDGED CONTRIBUTIONS FROM CORPORATION / OR LABOR ORGANIZATION

NME-	$\mathcal{N}/\mathcal{F}$
SCHEDULE	

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule D:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	WEST AUSTIN VOLWTEERS for Execution	000081992
		20001117
4 Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution
	•	Contribution \$ description
1	l	
	6 Corporation / Labor Organization address; City; State; Zip Code	
		,
		Check if travel outside of Texas. Complete Schedule T.
		Check it have outside of fexas. Complete Schedule 1.
Date	Companies / Labor Occasionalisa comp	Amount of ' In-kind contribution
54.5	Corporation / Labor Organization name	Contribution \$ ' description
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		,
	\	
	Corporation / Labor Organization address; City; State; Zip Code	•
		,
		Check if travel outside of Texas. Complete Schedule T.
		L Check it travet outside of texas. Continues Scriedule 1.
Date	Corporation / Labor Organization name	Amount of In-kind contribution
24,0	Corporation / Labor Organization name	Contribution \$ description
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		,
		.
	Corporation / Labor Organization address; City; State; Zip Code	•
	Corporation? Labor Organization address Only, State, Zip Code	•
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		Check if travel outside of Texas. Complete Schedule T.
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution
Date	Corporation / Labor Organization name	
Date	Corporation / Labor Organization name	Amount of In-kind contribution
Date	Corporation / Labor Organization name	Amount of In-kind contribution
Date		Amount of In-kind contribution
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of In-kind contribution
Date		Amount of In-kind contribution
Date		Amount of In-kind contribution
Date		Amount of In-kind contribution Contribution \$ description
Date		Amount of In-kind contribution
Date		Amount of In-kind contribution Contribution \$ description
	Corporation / Labor Organization address; City; State; Zip Code	Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
Date Date		Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
	Corporation / Labor Organization address; City; State; Zip Code	Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
	Corporation / Labor Organization address; City; State; Zip Code	Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
	Corporation / Labor Organization address; City; State; Zip Code	Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
	Corporation / Labor Organization address; City; State; Zip Code  Corporation / Labor Organization name	Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
	Corporation / Labor Organization address; City; State; Zip Code  Corporation / Labor Organization name	Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
	Corporation / Labor Organization address; City; State; Zip Code  Corporation / Labor Organization name	Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
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	Corporation / Labor Organization address; City; State; Zip Code  Corporation / Labor Organization name	Amount of Contribution \$ In-kind contribution description  Check if travel outside of Texas. Complete Schedule T.  Amount of In-kind contribution description  Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.

#### None-M. LOANS SCHEDULE E Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 15Tin Volunters for Envention TOTAL OF UNITEMIZED LOANS \$ 7 Name of lender Date of loan out-of-state PAC (ID#:\_ Is lender a financial 8 Lender address; City; State; Zip Code 10 Interest rate 6 Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; Zip Code State: not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender ☐ out-of-state PAC (10# Interest rate City; State: Zip ls lender Lender address; Çode a financial Institution? Maturity date Ν Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political account Description of Collateral (See Instructions) попе Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Employer (See Instructions)

Principal Occupation (See Instructions)

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME SOUTHWEST AUSTIN VOLUNTSEUS	3 Filer ID (Ethics Commission Filers)  To Encerting 00081997
4 Date	E Paveo name	•
10/13/17	TEODORA POGONAT F 7 Payee address; City; State; Zip Code	PHOTOGRAPHY
6 Amount (\$)	7 Payee address; City; State; Zip Code	
64.95	6705 WALEBRIDGE LA	NE AUSTIN, TY 78739
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check it travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	PhotoGraphy	L Check it Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/23/17	STAPIES	
Amount (\$)	Payee address; City; State; Zip Code	AUSTIN TX
56.29	4301 W. William CANU	m 819 B3 78735
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check it ravel outside of Texas. Complete Schedule T.  Check it Austin, TX, officeholder living expense
EXPENDITURE	PRINTING	and the reason try amountains string expenses
Complete ONLY if direct expenditure to benefit C/O	   Candidate / Officeholder name 	Office sought Office held
Date	Payee name	
10/27/17	STAPIES	
Amount (\$)	Payee address; City; State; Zip Code	- AUSTIN
200.67	4301 W. William Car	vuon Bly B3 Tx. 78735
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
OF EXPENDITURE		and a second sec
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS NOW MA

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Event Expense

Accounting/Banking	Fees	Office Overhead/R	Rental Expense Transportation Equipment & Related Exp	ense i
Consulting Expense Contributions/Donations Made B	Food/Beverage Expense y Gift/Awards/Memorials Exp	Polling Expense	Travel In District	
Candidate/Officeholder/Politica		pense Printing Expense Salaries/Wages/Ci	Travel Out Of District ontract Labor Other (enter a category not listed above)	1
	-	-		l
	ine instruction Guidi	e explains how to complet	te una lorm.	l
1 Total pages Schedule F2:	2 FILER NAME	1	3 Filer ID (Ethics Commission Filer	s)
	SOUTHWEST AUSTIN VOLL	LITECUS TEA ZONO	1 20 M M M M M M M M M M M M M M M M M M	
	DUDIANOZSII NOJI IM . B LU	VICOUS FICEUVE	* None -	
<b>&amp; TOTAL OF UNITEM</b>	IZED INCURRED OBLIGATION	ONS	\$ 1/200	
			Wons -	l
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City;	State; Zip Code		- 1
9 TYPE OF	Callinati	[ ] N B-#41		
EXPENDITURE	Political	Non-Political		
40				
10	(a) Category See Categories listed at the	top of this schedule)	(b) Description	
PURPOSE			Check if travel outside of Texas. Complete Schedule T.	
OF			· ·	
EXPENDITURE			Check if Austin, TX, officeholder living expense	
11 Complete ONLY If direct	Candidate / Officeholder na	ime Office si	ought Office held	
expenditure to benefit C/O	i \			
	\			- 1
		<b>\</b>	<i>a</i> .	
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Date	Payee name			
Date	Payee name			
	-	State: Vin Code	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	-	State; Zip Code		
	-	State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
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	-	State; Zip Code		
	Payee address; City;			
Amount (\$)	-	State; Zip Code  Non-Political		
Amount (\$)	Payee address; City;			
Amount (\$)	Payee address; City;	Non-Political	Description	
Amount (\$)  TYPE OF EXPENDITURE	Payee address; City;	Non-Political	Description  Check if travel outside of Texas. Complete Schedule T.	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE	Payee address; City;	Non-Political	Check if travel outside of Texas. Complete Schedule T.	
Amount (\$)  TYPE OF EXPENDITURE	Payee address; City;	Non-Political	·	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee address; City;	Non-Political	Check if travel outside of Texas. Complete Schedule T.	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee address; City;	Non-Political	Check if travel outside of Texas. Complete Schedule T.	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE	Payee address; City;	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political rop of this schedule)  me Office so	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Dught  Office held	
Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City;  Political  Category (See Categories listed at the	Non-Political rop of this schedule)  me Office so	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Dught  Office held	

	POLITICAL CONTRIBUTIONS	SCHEDULE F3
τι	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	1 / / -	3 Filer ID (Ethics Commission Filers)
SOUTHWES	37 Austin Volutiers for concertion	00081997
4 Date	5 Name of person from whom investment is purchased  6 Address of person from whom investment is purchased; Cit	
	7	
	7 Description of Investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	*.
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

**EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gilt/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule F4: SUNTWEST ASTIN 000 8I 997 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name Payee address; 7 Amount (\$) City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories leted at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code **TYPE OF Political** Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Œ Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH NO SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense
Gilt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule H:	2 FILER NAME SOUTHWEST AUSTIN VOLUNTSELS FOR EDUCATION DEB 1997	
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule)  Description  Check if have outside of Texas. Complete Schedule T.  Check if Auxtin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Proceeding

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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Na,	N	SCHEDULE	I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
		C W SARAGAGA				
	SouTHWEST AUSTIN Volunteus to	1 Coucetion 00981997				
4 Date	5 Payee name					
1						
6 Amount (\$)	Payee address; City; State; Zip Code					
Paraditus to						
Expenditure from corporate funds						
8	(a) Category (See instructions for examples of acceptable	(b) Description (See instructions regarding type of information				
PURPOSE OF	categories.)	required.)				
EXPENDITURE						
Date	Payee name					
*						
Amount (©)	Payers address: Chu Star Zin Cod-					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information				
PURPOSE OF	categories.)	required.}				
EXPENDITURE						
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
Expenditure from corporate funds						
	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information				
PURPOSE OF	category (see institutions for examples of acceptable	redgied")				
EXPENDITURE						
Date	Payee name					
•	-					
Amount (\$)	Payee address; City; State; Zip Code	<u> </u>				
· 						
Expenditure from corporate funds		<u> </u>				
	Category (See instructions for examples of acceptable	Description (See instructions regarding type of inforcation				
PURPOSE OF	categories.)	required.)				
EXPENDITURE						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### INTEREST, CREDITS, GAINS, REFUNDS, AND 1/07 & **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 000 81997 Date 5 Name of person from whom amount is received Amount (\$) 6 Address of person from whom amount is received: State; Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Amount (\$) Name of person from whom amount is received Address of person from whom amount is received; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; Zip Code Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES. FOR TRAVEL OUTSIDE OF TEXAS The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ひっちってみひんとろて Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B(J) Schedule A2 Schedule B Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of trave (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule G Schedule F2 Schedule F4 Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule G Schedule F4 Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

Nove-NA

FORM PAC - DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

- Complete only in Tieport Type on page 113 marked bi	
COMMITTEE NAME	2 Filer ID (Ethics Commission Filers)
Sourguess Austin Voluvreus for Encertio	n 90081997
Affidavit of Dissolution	
$\cdot$	
	·
I, the undersigned campaign treasurer, do not expect the occurrence of a this political committee for this or any other campaign or election for which Code is required. I declare that all of the information required to be report understand that designating a report as a dissolution report terminates the surer. I further understand that a political committee may not make or aut accept political contributions without having an appointment of campaign to	ch reporting under the Election ted by me has been reported. I appointment of campaign treathorize political expenditures or
Signature of	Campaign Treasurer
	UNLESS POLITICAL S TO BE DISSOLVED
AFFIX NOTARY STAMP / SEALABOVE	
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