

8725

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM ASTA PG 1

See ASTA Instruction Guide for detailed instructions.		1 Total pages filed: 1	OFFICE USE ONLY Date Received: 2016 JAN 19 AM 9:38 Dana Dea Reservoir County Clerk Travis County Texas FILED FOR RECORD
2 COMMITTEE NAME Travis County Taxpayers Union SPAC		3 ACCOUNT#	
4 COMMITTEE NAME NEW	5 COMMITTEE ADDRESS NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
6 CAMPAIGN TREASURER NAME NEW MS / MRS / MR FIRST MI William L NICKNAME LAST SUFFIX Bill Worsham	Date Hand-delivered or Postmarked Date Processed Date Imaged		
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business) NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1105 Norwalk Ln Austin TX 78703			
8 CAMPAIGN TREASURER MAILING ADDRESS <input checked="" type="checkbox"/> same as above NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
9 CAMPAIGN TREASURER PHONE NEW AREA CODE PHONE NUMBER EXTENSION (512) 422-0998			
10 PERSON APPOINTING TREASURER FIRST MI LAST SUFFIX Don Zimmerman			
11 SIGNATURE I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. Bill Worsham Signature of Campaign Treasurer			
12 ASSISTANT CAMPAIGN TREASURER (see instructions) NEW FIRST MI LAST SUFFIX Don Zimmerman			
13 ASSISTANT CAMPAIGN TREASURER ADDRESS NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10901 Enchanted Rock Cv, Austin, TX 78750			
14 ASSISTANT CAMPAIGN TREASURER PHONE NEW AREA CODE PHONE NUMBER EXTENSION (512) 577-8842			

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**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 COMMITTEE NAME Travis County Taxpayers Union SPAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13492 Research Blvd # 120-141 Austin TX 78750		
	Date Received		
	Date Hand-delivered or Date Postmarked		
	Receipt # Amount \$		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME Bill	FIRST William LAST Worsham	MI L SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1105 Norwalk Ln Austin TX 78703		
	Date Processed		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 13492 Research Blvd # 120-141 Austin TX 78750		
	Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 422-0998	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 6th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 10/25/2015	THROUGH	Month Day Year 12/31/2015
11 ELECTION	ELECTION DATE Month Day Year 11/3/2015		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME **TCTU SPAC** 13 Filer ID (Ethics Commission Filers)

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

CANDIDATE

SUPPORT (Candidate or Measure)

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

OFFICEHOLDER

MEASURE

CANDIDATE/OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION/# **Bond Election** ELECTION DATE
Month Day Year **11 / 3 / 2015**

DESCRIPTION
Travis Co. Courthouse \$287M Bond

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
	EXPENDITURE TOTALS	
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 159.59
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,949.59
	CONTRIBUTION BALANCE	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 655.72	
OUTSTANDING LOAN TOTALS		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0	

16 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.

Bill Worsham
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Worsham, this the 14 day of January, 2016, to certify which, witness my hand and seal of office.

Melinda Crowe
Signature of officer administering oath

Printed name of officer administering oath: **MELINDA CROWE NOTARY PUBLIC State of Texas Comm. Exp. 08-08-2018**

SUBTOTALS - SPAC		FORM SPAC COVER SHEET PG 3
17 COMMITTEE NAME TCTU SPAC	18 Filer ID (Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$	
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,790.00	
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME TCTU SPAC		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Dettman	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 9113 Old Lampasas Tr., Austin, TX 78750		
8 Principal occupation / Job title (See Instructions) Requested		9 Employer (See Instructions) Requested
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 (\$)
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 (\$)
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 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 Credit Card 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)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: 1	2 FILBR NAME TCTU SPAG	3 Filer ID (Ethics Commission Filers)	
4 Date 11/5/15	5 Payee name DHC Data		
6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 16608 Jaxon Dr., Manor, TX 78653		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advert. Expense Phone calls		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/7/2015	Payee name Don Zimmerman		
Amount (\$) 990.00	Payee address; City; State; Zip Code 10901 Enchanted Rock CV, Austin, TX 78750		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advert. Expense sign install labor/mat'ls.		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED