

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

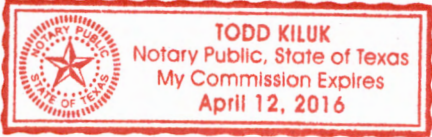
FORM SPAC
COVER SHEET PG 2

| | |
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| 12 COMMITTEE NAME Equity 4 Austin MSA | 13 Filer ID (Ethics Commission Filers) |
|--|--|

| | | |
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| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input checked="" type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE | CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # _____ ELECTION DATE <div style="text-align: right;"> Month / Day / Year 03 / 01 / 2016 </div> DESCRIPTION _____ |
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| | | |
|-------------------------|---|--------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 56,860.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 35,302.80 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Todd Kiluk, this the 22nd day of February, 2016, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Todd Kiluk

Printed name of officer administering oath

Notary

Title of officer administering oath

David Holmes-Travis County Commissioner Court Pct 3-\$1,500.00

Danny Thomas-Travis County Constable Pct 1-\$1,500.00

George Morales-Travis County Constable Pct 4-\$5,000.00

Gary Cobb-District Attorney-\$3,500.00

Sally Hernandez-Travis County Sheriff-\$3,500.00

Anthony Johnson-Travis County Constable Pct.3-\$1,500.00

Carlos Lopez-Travis County Constable Pct.5-\$500.00

Jeffery Travillion-Travis County Commissioner Pct.1-\$10,000.00

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C1: 1 |
| 2 FILER NAME Equity 4 Austin MSA | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/11/2016 | 5 Corporation / Labor Organization name American Federation of State, County and Municipal Employees-AFL-CIO Public Employees Organized to Promote Legislative Equality 6 Corporation / Labor Organization address; City; State; Zip Code 1625 L Street N.W., Washington, DC 20036 | 7 Amount of contribution (\$) 56,860.00 |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Equity 4 Austin MSA | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/16/2016 | 5 Payee name Jeffery Travillion | |
| 6 Amount (\$) 10,000.00 | 7 Payee address; City; State; Zip Code PO Box 2425 Austin, TX 78768 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contribution | (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 Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 02/16/2016 | Payee name David Holmes | |
| Amount (\$) 1,500.00 | Payee address; City; State; Zip Code 7900 Croftwood Dr Austin, TX 78749 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | 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 Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 02/16/2016 | Payee name Danny Thomas | |
| Amount (\$) 1,500.00 | Payee address; City; State; Zip Code P.O. Box 141008 Austin, TX 78714 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | 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 Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

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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: 5 | | 2 FILER NAME Equity 4 Austin MSA | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 02/16/2016 | | 5 Payee name George Morales | | | |
| 6 Amount (\$) 5,000.00 | | 7 Payee address; City; State; Zip Code 4704 Cabob Austin, TX 78744 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Contribution | | (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 | | Candidate / Officeholder name | | Office sought Office held | |
| Date 02/16/2016 | | Payee name Gary Cobb | | | |
| Amount (\$) 3,500.00 | | Payee address; City; State; Zip Code P.O. Box 685008 Austin, TX 78768 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contribution | | 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 | | Candidate / Officeholder name | | Office sought Office held | |
| Date 02/16/2016 | | Payee name Sally Hernandez | | | |
| Amount (\$) 3500.00 | | Payee address; City; State; Zip Code P.O. Box 152032 Austin, TX 78715 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Contribution | | 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 | | Candidate / Officeholder name | | Office sought Office held | |

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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: 5 | 2 FILER NAME Equity 4 Austin MSA | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 02/16/2016 | 5 Payee name Anthony Johnson | | | | |
| 6 Amount (\$) 1500.00 | 7 Payee address; City; State; Zip Code PO Box 152152 Austin, TX 78715 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contribution | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date 02/16/2016 | Payee name Carlos Lopez | | | | |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code P.O. Box 300115 Austin TX 78703 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| 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 | | | |
| | <table style="width:100%; border:none;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/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) |
| Credit Card Payment | | | |

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|---|---|--|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Equity 4 Austin MSA | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/16/2016 | 5 Payee name Rindy & Associates Inc | |
| 6 Amount (\$) 5500.00 | 7 Payee address; City; State; Zip Code 2401 East 6th Street #1007 Austin, TX 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Jeffery Travillion | Office sought Travis County Commissioner Court PCT. 1 | Office held |
|---|--|---|-------------|

| | |
|-----------------------|---|
| Date 02/18/2016 | Payee name Alex Christianson |
| Amount (\$) 152.50 | Payee address; City; State; Zip Code 3571 Far West Blvd #149 Austin, TX 78731 |

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|------------------------------|---|
| Date 02/18/2016 | Payee name John Wooding |
| Amount (\$) 137.50 | Payee address; City; State; Zip Code 3571 Far West Blvd #149 Austin, TX 78731 |

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contact Labor | 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 | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: 5 | 2 FILER NAME Equity 4 Austin MSA | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/18/2016 | 5 Payee name Austin Chronicle | |
| 6 Amount (\$) 1512.80 | 7 Payee address; City; State; Zip Code PO BOX 49066 Austin, TX 78765 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (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 Candidate / Officeholder name: Jeffery Travillion Office sought: Travis County Commissioner Court PCT. 1 Office held: | |
| Date 02/12/2016 | Payee name Austin Chronicle | |
| Amount (\$) 1366.40 | Payee address; City; State; Zip Code PO Box 49066 Austin, TX 78765 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | 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 Candidate / Officeholder name: Jeffery Travillion Office sought: Travis County Commissioner Court PCT. 1 Office held: | |
| 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 |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held: | |

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