

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

8987

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: <p style="text-align:center">7</p>
--	---------------------------------------	--

3 COMMITTEE NAME <p style="text-align:center">Community for Civil and Family Courthouse</p>	OFFICE USE ONLY
--	------------------------

4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 600 Congress Ave Suite 3100 Austin, e as 78701	Date Received Date Hand-delivered or Date Postmarked
---	--	---

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI r. Shannon H NICKNAME LAST SUFFIX Ratliff	Receipt # Amount \$ Date Processed Date Imaged
---------------------------	---	--

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 600 Congress Ave. Suite 3100 Austin, e as 78701
---	--

7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 600 Congress Ave. Suite 3100 Austin, e as 78701
--	---

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 493 9600
----------------------------	--

9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
---------------	---

10 PERIOD COVERED	<table style="width:100%"> <tr> <td style="text-align:center">Month Day Year</td> <td style="text-align:center">THROUGH</td> <td style="text-align:center">Month Day Year</td> </tr> <tr> <td style="text-align:center">07 / 01 / 2016</td> <td></td> <td style="text-align:center">01 / 13 / 2016</td> </tr> </table>	Month Day Year	THROUGH	Month Day Year	07 / 01 / 2016		01 / 13 / 2016
Month Day Year	THROUGH	Month Day Year					
07 / 01 / 2016		01 / 13 / 2016					

11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
-------------	---	---

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME
Community for Civil and Family Courthouse

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 11 / 03 / 2015 DESCRIPTION support 2015 county ballot measure for ne courthouse

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \$0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ \$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ \$28,828.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$0.00

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.

Shannon H. Rathoff
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shannon H. Rathoff this the 17th day of January, 2017, to certify which, witness my hand and seal of office.

Barbara Bathurst
Signature of officer administering oath

Printed name of officer administering oath: Barbara Bathurst

BARBARA BATHURST
Notary Public, State of Texas
Comm. Expires 06-18-2020
Notary ID 823078

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

3 of 7

17 COMMITTEE NAME Community for Civil and Family Courthouse		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28,828.31
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	\$ 2.00

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: Sch: 1/2 Rpt 4/7		2 FILER NAME Community for Civil and Family Courthouse		3 Filer ID (Ethics Commission Filers)	
4 Date 7/13/2016		5 Payee name Austin Bar Foundation			
6 Amount (\$) \$26,000.00		7 Payee address; City; State; Zip Code 816 Congress Ave., Suite 700, Austin, Texas 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution/donation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/12/2016		Payee name Atchley Associates			
Amount (\$) \$2,250.00		Payee address; City; State; Zip Code 6850 Austin Center Blvd., Suite 180, Austin, Texas 78731			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tax preparation services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/30/2016		Payee name Horizon Bank			
Amount (\$) \$10.00		Payee address; City; State; Zip Code 600 Congress Ave., Austin, Texas 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank service charges	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt 5/7		2 FILER NAME Community for Civil and Family Courthouse		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/2016		5 Payee name Horizon Bank			
6 Amount (\$) \$10.00		7 Payee address; City; State; Zip Code 600 Congress Ave., Austin, e as 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank service charge	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/30/2016		Payee name Horizon Bank			
Amount (\$) \$10.00		Payee address; City; State; Zip Code 600 Congress Ave., Austin e as 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/banking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank service charge	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/22/2016		Payee name Austin Bar Foundation			
Amount (\$) \$548.31		Payee address; City; State; Zip Code 816 Congress Ave., Suite 700, Austin, e as 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution/donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution of remaining balance of PAC funds	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt 6/7

2 FILER NAME

Community for Civil and Family Courthouse

3 Filer ID (Ethics Commission Filers)

4 Date

07/29/2016

5 Name of person from whom amount is received

Horizon Bank

8 Amount (\$)

\$1.62

6 Address of person from whom amount is received; City; State; Zip Code

600 Congress Ave., Austin, e as 78701

7 Purpose for which amount is received

Check if political contribution returned to filer

interest

Date

08/31/2016

Name of person from whom amount is received

Horizon Bank

Amount (\$)

\$0.38

Address of person from whom amount is received; City; State; Zip Code

600 Congress Ave., Austin, e as 78701

Purpose for which amount is received

Check if political contribution returned to filer

interest

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; 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; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC - DR

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

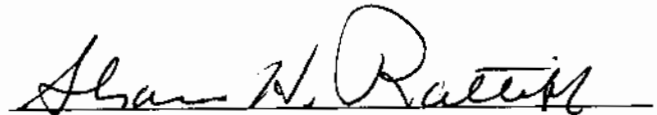
1 COMMITTEE NAME

Community for Civil and Family Courthouse

2 Filer ID (Ethics Commission Filers)

3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.



Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shannon H. Ratliff, this the 17th day of January, 20 17, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Printed name of officer administering oath

