

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

9616

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084691	2 Total pages filed: 7
3 COMMITTEE NAME Austin Communities First PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 309 East 11th St. #12 Austin, TX 78701		Date Received
			Date Delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Mailed
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Monica	MI	
	NICKNAME LAST Maldonado	SUFFIX	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5115 Lambs Austin, TX 78744		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5115 Lambs Austin, TX 78744		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 633-9440		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year MONTH MONTH DAY YEAR 01/24/2020 THROUGH 02/22/2020		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

FILED FOR RECORD
 2020 FEB 24 PM 3:23
 DANA BEEBEAUX
 COUNTY CLERK
 TRAVIS COUNTY, TEXAS

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Austin Communities First PAC	13 Filer ID (Ethics Commission Filers) 00084691
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed <u>Delia Garza County Attorney</u>
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 380.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,881.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 882.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,998.74
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.



[Handwritten Signature]

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Maldonado, this the 24th day of Feb, 2020, to certify which, witness my hand and seal of office.

[Handwritten Signature] Brenda Smith Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Austin Communities First PAC	18 Filer ID (Ethics Commission Filers) 00084691
19 SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,881.00
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 C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 882.26
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <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: Sch: 1/2 Rpt: 4/7
2 FILER NAME Austin Communities First PAC		3 Filer ID (Ethics Commission Filers) 00084691
4 Date 01/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Linda 6 Contributor address; City; State; Zip Code 4104 Turkey Creek Dr. Austin, TX 78730	7 Amount of Contribution (\$) \$1,001.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basciano, Joyce Contributor address; City; State; Zip Code 1907 W. 34th Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jim Contributor address; City; State; Zip Code 11405 Pradera Dr. Austin, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Retired
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Contributor address; City; State; Zip Code 1808 Kerr Ave. Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Fred Contributor address; City; State; Zip Code 4509 Edgemont Dr Austin, TX 78731	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Austin Communities First PAC		3 Filer ID (Ethics Commission Filers) 00084691
4 Date 02/13/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Levigne Public Relations <hr/> 6 Contributor address; City; State; Zip Code 1514 Richcreek Dr. Austin, TX 78757	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Brad <hr/> Contributor address; City; State; Zip Code 3706 Greystone Dr. Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/11/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Joe <hr/> Contributor address; City; State; Zip Code 2611 W. 49th Austin, TX 78731	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Applied Researcher		Employer (See Instructions) Retired
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Brian <hr/> Contributor address; City; State; Zip Code 1112 West 9th St. Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Rodgers & Reichle Real Estate
Date 02/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanger, Mary <hr/> Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 6/7	2 FILER NAME Austin Communities First PAC	3 Filer ID (Ethics Commission Filers) 00084691
4 Date 02/21/2020	5 Payee name Anedot	
6 Amount (\$) \$1.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10821 Rosebud Court Baton Rouge, LA 70815	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Payment Processor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2020	Payee name Dragonfly Digital	
Amount (\$) \$425.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1410 Colorado Bend Cedar Park, TX 78613	
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 Website/Hosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2020	Payee name Dragonfly Digital	
Amount (\$) \$425.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1410 Colorado Bend Cedar Park, TX 78613	
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 Website/Hosting/Graphic Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt: 7/7	2 FILER NAME Austin Communities First PAC	3 Filer ID (Ethics Commission Filers) 00084691			
4 Date 02/21/2020	5 Payee name Paypal				
6 Amount (\$) \$30.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Payment Processor			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;">Candidate/Officeholder name</td> <td style="width:33%; border:none;">Office sought</td> <td style="width:33%; border:none;">Office held</td> </tr> </table>			Candidate/Officeholder name	Office sought	Office held
Candidate/Officeholder name	Office sought	Office held			