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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) 00081923	2 Total pages filed: 24
3 COMMITTEE NAME Committee for Austin's Children		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 301074 Austin, TX 78703		
	Date Received		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
5 CAMPAIGN TREASURER NAME		Date Imaged	
MS / MRS / MR	FIRST Greg	MI	
NICKNAME	LAST Hartman	SUFFIX	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3307 Winding Creek Austin, TX 78735		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 301074 Austin, TX 78703		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	542-9744	
9 REPORT TYPE	<input checked="" 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	Month Day Year 10/29/2017	THROUGH	Month Day Year 12/31/2017
11 ELECTION	ELECTION DATE Month Day Year 11/07/2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	


GO TO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

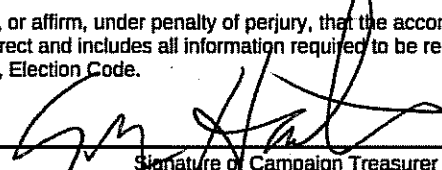
12 COMMITTEE NAME Committee for Austin's Children		13 Filer ID (Ethics Commission Filers) 00081923		
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME		
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # A		ELECTION DATE Month Day Year 11/07/2017
		DESCRIPTION Support AISD school bond election		
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)		\$ 39,304.58	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 116,728.38	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 5,761.72	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 4,000.00	

16 AFFIDAVIT



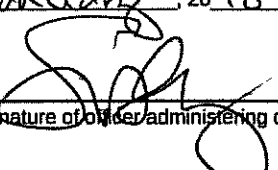
SUSAN HARRY
Notary Public, State of Texas
My Commission Expires
July 23, 2019

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 of Campaign Treasurer

Sworn to and subscribed before me, by the said Greg Herman, this the 11th day of January, 2018, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Susan Harry

 Printed name of officer administering oath

Notary

 Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3
 3 of 24

17 COMMITTEE NAME Committee for Austin's Children		18 Filer ID 00081923	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,254.58
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	675.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	33,250.00
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	1,125.00
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	116,728.38
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 4/24
2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923
4 Date 11/02/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JQ & Tsen, LLC	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code 1608 West 6th St. Ste. 200 Austin, TX 78703	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Librach, Diane	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 222 West Ave unit 1813 Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marmon Mok, L.L.P.	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code 700 N. St. Mary's Ste. 1600 San Antonio, TX 78205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/08/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mormon, David	Amount of Contribution (\$) \$526.63
	Contributor address; City; State; Zip Code 1504 West 9th Street Austin, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyfeler, John & Sally Fly	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1805-B Adriane Dr. Austin, TX 78721	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/24
2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923
4 Date 11/10/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Outreach Strategists, LLC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 2727 Allen Parkway Ste. 1300 Houston, TX 77019	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Rene	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1508 S. Lone Star Way Unit 1 Edinburg, TX 78539	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith & Company Architects	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code 1500 McGowen Ste. 200 Houston, TX 77004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinman Luevano Structures LLP	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5901 Old Fredericksburg Dr. #B101 Austin, TX 78749	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tough, Paul	Amount of Contribution (\$) \$52.95
	Contributor address; City; State; Zip Code 1505 Devon Circle Austin, TX 78723	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/24	
2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/02/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JQ & Tsen, LLC	8 Amount of contribution (\$) \$225.00	9 In-kind contribution description food & drinks for event
7 Contributor address; City; State; Zip Code 1608 West 6th St. Ste. 200 Austin, TX 78703		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinman Luevano Structures LLP	Amount of contribution (\$) \$225.00	In-kind contribution description food & drinks for event
Contributor address; City; State; Zip Code 5901 Old Fredericksburg Dr. #B101 Austin, TX 78749		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Structures PE, LLP	Amount of contribution (\$) \$225.00	In-kind contribution description food & drinks for event
Contributor address; City; State; Zip Code 6926 N. Lamar Blvd. Austin, TX 78752		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/3 Rpt: 7/24
2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923
4 Date 11/02/2017	5 Corporation / Labor Organization name Agnew Associates, Inc.	7 Amount of contribution (\$) \$100.00
	6 Corporation / Labor Organization address; City; State; Zip Code 14205 Burnet Ste. 200 Austin, TX 78728	
Date 11/02/2017	Corporation / Labor Organization name Austin Architecture Plus, Inc.	Amount of contribution (\$) \$3,250.00
	Corporation / Labor Organization address; City; State; Zip Code 1907 N. Lamar Blvd. Ste. 260 Austin, TX 78705	
Date 11/01/2017	Corporation / Labor Organization name Austin Business Furniture	Amount of contribution (\$) \$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code 4030 W. Braker Lane Bldg. 1, Ste. 100 Austin, TX 78759	
Date 11/02/2017	Corporation / Labor Organization name Baer Engineering and Environmental Consulting, Inc.	Amount of contribution (\$) \$100.00
	Corporation / Labor Organization address; City; State; Zip Code 7756 Northcross Dr. Ste. 211 Austin, TX 78757	
Date 11/13/2017	Corporation / Labor Organization name Bank of America	Amount of contribution (\$) \$2,500.00
	Corporation / Labor Organization address; City; State; Zip Code 100 N. Tryon St. Charlotte, NC 28255	
Date 10/30/2017	Corporation / Labor Organization name Brandywine Operating Partnership	Amount of contribution (\$) \$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code 2929 Walnut St. Ste. 1700 Philadelphia, PA 19104	
Date 11/02/2017	Corporation / Labor Organization name Coleman & Associates, Inc.	Amount of contribution (\$) \$100.00
	Corporation / Labor Organization address; City; State; Zip Code 9890 Silver Mountain Dr. Austin, TX 78737	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: Sch: 2/3 Rpt: 8/24</p>
<p>2 FILER NAME Committee for Austin's Children</p>		<p>3 Filer ID (Ethics Commission Filers) 00081923</p>
<p>4 Date 11/02/2017</p>	<p>5 Corporation / Labor Organization name Doucet & Associates</p> <hr/> <p>6 Corporation / Labor Organization address; City; State; Zip Code 7401B West Hwy. 71 Ste. 160 Austin, TX 78735</p>	<p>7 Amount of contribution (\$) \$100.00</p>
<p>Date 11/01/2017</p>	<p>Corporation / Labor Organization name Drolette Construction, Inc.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 208 Commerce Blvd. Ste. A Round Rock, TX 78664</p>	<p>Amount of contribution (\$) \$1,000.00</p>
<p>Date 11/02/2017</p>	<p>Corporation / Labor Organization name Flynn Construction Inc.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 4638 S. Lamar Blvd. Austin, TX 78745</p>	<p>Amount of contribution (\$) \$1,000.00</p>
<p>Date 11/27/2017</p>	<p>Corporation / Labor Organization name Half Associates, Inc.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 1201 North Bowser Rd. Richardson, TX 75081</p>	<p>Amount of contribution (\$) \$500.00</p>
<p>Date 11/09/2017</p>	<p>Corporation / Labor Organization name International Bancshares Corp.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 1200 San Bernardo Ave. Laredo, TX 78040</p>	<p>Amount of contribution (\$) \$5,000.00</p>
<p>Date 11/02/2017</p>	<p>Corporation / Labor Organization name J Robinson & Associates Architects, Inc.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code PO Box 26426 Austin, TX 78755</p>	<p>Amount of contribution (\$) \$200.00</p>
<p>Date 11/06/2017</p>	<p>Corporation / Labor Organization name Lopez Salas Architects, Inc.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 612 Winflo Dr. Austin, TX 78703</p>	<p>Amount of contribution (\$) \$250.00</p>

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/3 Rpt: 9/24
2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923
4 Date 11/02/2017	5 Corporation / Labor Organization name MWM Design Group, Inc.	7 Amount of contribution (\$) \$150.00
	6 Corporation / Labor Organization address; City; State; Zip Code 305 East Huntland Dr. Ste. 200 Austin, TX 78752	
Date 11/07/2017	Corporation / Labor Organization name Miller Imaging & Digital Solutions/Miller IDS	Amount of contribution (\$) \$1,500.00
	Corporation / Labor Organization address; City; State; Zip Code 1000 E 7th St Austin, TX 78702	
Date 11/02/2017	Corporation / Labor Organization name Place Designers	Amount of contribution (\$) \$2,500.00
	Corporation / Labor Organization address; City; State; Zip Code 304 E. Main St. Ste. 100 Round Rock, TX 78664	
Date 11/01/2017	Corporation / Labor Organization name Texas Gas Service	Amount of contribution (\$) \$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code 1301 South Mopac Ste. 400 Austin, TX 78746	

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: Sch: 1/1 Rpt: 10/24	
2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 11/02/2017	5 Corporation / Labor Organization name Agnew Associates, Inc.	7 Amount of contribution(\$) \$225.00	8 In-kind contribution description food & drinks for event
	6 Corporation / Labor Organization address; City; State; Zip Code 14205 Burnet Ste. 200 Austin, TX 78728		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 11/02/2017	Corporation / Labor Organization name Baer Engineering and Environmental Consulting, Inc.	Amount of contribution(\$) \$225.00	In-kind contribution description food & drinks for event
	Corporation / Labor Organization address; City; State; Zip Code 7756 Northcross Dr. Ste. 211 Austin, TX 78757		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 11/02/2017	Corporation / Labor Organization name Coleman & Associates, Inc.	Amount of contribution(\$) \$225.00	In-kind contribution description food & drinks for event
	Corporation / Labor Organization address; City; State; Zip Code 9890 Silver Mountain Dr. Austin, TX 78737		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 11/02/2017	Corporation / Labor Organization name Doucet & Associates	Amount of contribution(\$) \$225.00	In-kind contribution description food & drinks for event
	Corporation / Labor Organization address; City; State; Zip Code 7401B West Hwy. 71 Ste. 160 Austin, TX 78735		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date 11/02/2017	Corporation / Labor Organization name Method Architecture	Amount of contribution(\$) \$225.00	In-kind contribution description food & drinks for event
	Corporation / Labor Organization address; City; State; Zip Code 1907 N. Lamar Blvd. Ste. 260 Austin, TX 78705		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

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: 1/14 Rpt: 11/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 11/09/2017		5 Payee name Butts, David			
6 Amount (\$) \$5,000.00		7 Payee address; City; State; Zip Code 1914 Patton Ln Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 General campaign consulting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/06/2017		Payee name Checkmark Typesetting			
Amount (\$) \$86.60		Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722			
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 sign hardware	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/08/2017		Payee name Cover 3			
Amount (\$) \$445.41		Payee address; City; State; Zip Code 1717 W 6th St Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Election Night Party	
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: 2/14 Rpt: 12/24	2 FILER NAME Committee for Austin's Children	3 Filer ID (Ethics Commission Filers) 00081923
4 Date 12/31/2017	5 Payee name DonateWay	
6 Amount (\$) \$132.04	7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant account processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 11/01/2017	Payee name Frost Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 401 Congress Ave. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 11/30/2017	Payee name Frost Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 401 Congress Ave. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 fee
Complete <u>ONLY</u> 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: 3/14 Rpt: 13/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 12/29/2017		5 Payee name Frost Bank			
6 Amount (\$) \$5.00		7 Payee address; City; State; Zip Code 401 Congress Ave. Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(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 fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/09/2017		Payee name Hernandez, Laura			
Amount (\$) \$4,000.00		Payee address; City; State; Zip Code 2408 Manor Road #108 Austin, TX 78722			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/04/2017		Payee name Postmaster			
Amount (\$) \$98.00		Payee address; City; State; Zip Code 3507 N Lamar Blvd Austin, TX 78705			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: 4/14 Rpt: 14/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 10/31/2017		5 Payee name Rindy Miller Media			
6 Amount (\$) \$19,785.00		7 Payee address; City; State; Zip Code 2401 E 6th St. 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 Design, printing & mailing services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/09/2017		Payee name Susan Harry Consulting			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising & compliance consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/06/2017		Payee name Susan Harry Consulting			
Amount (\$) \$4,000.00		Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Fundraising & compliance consulting	
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: 5/14 Rpt: 15/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 11/01/2017		5 Payee name Texas Secretary of State			
6 Amount (\$) \$8.22		7 Payee address; City; State; Zip Code 1019 Brazos St. Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 compliance research	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/21/2017		Payee name Thompson & Knight			
Amount (\$) \$159.00		Payee address; City; State; Zip Code 98 San Jacinto Blvd. Ste. 1900 Austin, TX 78701			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Legal Services		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legal fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/02/2017		Payee name Vincent Tovar,			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 6207 Mayhall Austin, TX 78721			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field services	
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: 6/14 Rpt: 16/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 11/09/2017		5 Payee name Winning Connections			
6 Amount (\$) \$6,441.44		7 Payee address; City; State; Zip Code 317 Pennsylvania Ave. SE 2nd Floor Washington, DC 20003			
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 Phone calls	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/03/2017		Payee name Worley Printing			
Amount (\$) \$434.08		Payee address; City; State; Zip Code 3217 North IH-35 Austin, TX 78722			
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 printing - letterhead	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/06/2017		Payee name Worley Printing			
Amount (\$) \$565.07		Payee address; City; State; Zip Code 3217 North IH-35 Austin, TX 78722			
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 Printing - flyers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: 7/14 Rpt: 17/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 11/06/2017		5 Payee name Worley Printing			
6 Amount (\$) \$1,995.05		7 Payee address; City; State; Zip Code 3217 North IH-35 Austin, TX 78722			
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 printing - postcards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/09/2017		Payee name Y Strategy			
Amount (\$) \$335.37		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Volunteer supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/09/2017		Payee name Y Strategy			
Amount (\$) \$390.33		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
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 Phone calls	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: 8/14 Rpt: 18/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 11/09/2017		5 Payee name Y Strategy			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Graphic design services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/06/2017		Payee name Y Strategy			
Amount (\$) \$1,777.73		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
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 Telephone calls	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/06/2017		Payee name Y Strategy			
Amount (\$) \$1,832.69		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Field services	
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: 9/14 Rpt: 19/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 11/09/2017		5 Payee name Y Strategy			
6 Amount (\$) \$2,229.70		7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
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 Facebook advertising & placement	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/09/2017		Payee name Y Strategy			
Amount (\$) \$2,750.00		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
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 Phone calls	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/09/2017		Payee name Y Strategy			
Amount (\$) \$3,520.39		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
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 Facebook advertising & placement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: 10/14 Rpt: 20/24	2 FILER NAME Committee for Austin's Children	3 Filer ID (Ethics Commission Filers) 00081923
4 Date 11/09/2017	5 Payee name Y Strategy	
6 Amount (\$) \$4,112.25	7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Field services
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/09/2017	Payee name Y Strategy	
Amount (\$) \$4,131.35	Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723	
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 Phone calls
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/06/2017	Payee name Y Strategy	
Amount (\$) \$4,183.70	Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723	
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 postage
	9 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: 11/14 Rpt: 21/24	2 FILER NAME Committee for Austin's Children	3 Filer ID (Ethics Commission Filers) 00081923
4 Date 11/06/2017	5 Payee name Y Strategy	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 General campaign management
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/30/2017	Payee name Y Strategy	
Amount (\$) \$5,128.47	Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Email list management
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/30/2017	Payee name Y Strategy	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Placement of online advertising
	9 Complete <u>ONLY</u> 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: 12/14 Rpt: 22/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 10/30/2017		5 Payee name Y Strategy			
6 Amount (\$) \$1,883.33		7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Design & printing services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/30/2017		Payee name Y Strategy			
Amount (\$) \$7,000.00		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Field management	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 10/30/2017		Payee name Y Strategy			
Amount (\$) \$4,300.00		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Graphic design services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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: 13/14 Rpt: 23/24		2 FILER NAME Committee for Austin's Children		3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 10/30/2017		5 Payee name Y Strategy			
6 Amount (\$) \$846.00		7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Phone calls	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/30/2017		Payee name Y Strategy			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/30/2017		Payee name Y Strategy			
Amount (\$) \$3,641.77		Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting 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 Field services	
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: 14/14 Rpt: 24/24	2 FILER NAME Committee for Austin's Children	3 Filer ID (Ethics Commission Filers) 00081923	
4 Date 10/30/2017	5 Payee name Y Strategy		
6 Amount (\$) \$6,300.39	7 Payee address; City; State; Zip Code 3110 Manor Rd. Ste. H Austin, TX 78723		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Phonebanking	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held