

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>14</u>		OFFICE USE ONLY	
3 COMMITTEE NAME ONE CEDAR PARK PAC		Date Received			
4 TREASURER NAME KAREN K WIND		Date Hand-delivered or Date Postmarked		Receipt #	
5 ORIGINAL REPORT TYPE		Date Processed		Amount \$	
6 ORIGINAL PERIOD COVERED		Date Imaged			

18 APR 9 AM 2:41

7 EXPLANATION OF CORRECTION

Ending date of filing period corrected. Some dates and amounts of other entries corrected, resulting in minor adjustments to total contributions and expenditures originally reported.

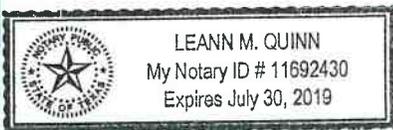
8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Karen K Wind
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Karen K Wind this the 9th day of April, 2018, to certify which, witness my hand and seal of office.

Leann M. Quinn LeAnn M. Quinn City Sec
Signature of officer administering oath Printed name of officer administering Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

AMENDED

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 13
3 COMMITTEE NAME ONE CEDAR PARK PAC		OFFICE USE ONLY	
		Date Received	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 1471 CEDAR PARK TX 78613	
		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME		Receipt #	
MS / MRS / MR FIRST MI MS. KAREN K		Amount \$	
NICKNAME LAST SUFFIX WIND		Date Processed	
		Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1509 MAIN ST CEDAR PARK TX 78613	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME AS ABOVE	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 920-3744	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 6th 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 Month Day Year 01 / 26 / 2018 THROUGH 03 / 26 / 2018	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 05 / 2018 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	

18 APR 9 PM 2:41

HMU

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
ONE CEDAR PARK PAC

13 Filer ID (Ethics Commission Filers)

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

CANDIDATE

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

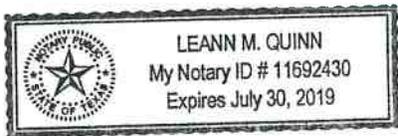
BALLOT IDENTIFICATION / #
PROPOSITION A

ELECTION DATE
Month Day Year
05 / 05 / 2018

DESCRIPTION
Authorizes redirection of 1/8 cent sales tax from Type A Corporation to General Fund for storm water drainage purposes

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,173.51
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,524.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,636.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

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.

Karen K Wind
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen K Wind, this the 9th day of April, 2018, to certify which, witness my hand and seal of office.

LeAnn M. Quinn LeAnn M. Quinn City Sec
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME ONE CEDAR PARK PAC		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 620.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 43.51
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 500.00
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 0
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 5,000.00
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,524.60
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
1 of 3

2 FILER NAME
ONE CEDAR PARK PAC 3 Filer ID (Ethics Commission Filers)

4 Date 02/03/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHLEEN COOK	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 609 S COUGAR AVE CEDAR PARK TX 78613		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 02/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIMOTHY HUDGEONS	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2210 E RIVERIA CEDAR PARK TX 78613		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 02/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD HUDGEONS	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2007 VERBENA DR AUSTIN TX 78750-1453		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 02/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN WIND	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1509 MAIN ST CEDAR PARK TX 78613		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 3

2 FILER NAME

ONE CEDAR PARK PAC

3 Filer ID (Ethics Commission Filers)

4 Date

02/03/2018

5 Full name of contributor

SHANNA HURT

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code

2007 VERBENA DR AUSTIN TX 78750-1453

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/03/2018

Full name of contributor

REBECCA HART

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

614 ALGERIA DR GEORGETOWN TX 78628-2504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/03/2018

Full name of contributor

JAMES SOWLE

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

640 PEREGRINE WAY LEANDER TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/20/2018

Full name of contributor

DEBORAH CHILDRESS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2506 e RIVIERA DR CEDAR PARK, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The **Instruction Guide** explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

ONE CEDAR PARK PAC

3 Filer ID (Ethics Commission Filers)

4 Date

03/20/2018

5 Full name of contributor

KAREN WIND

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City; State; Zip Code

1509 MAIN ST

CEDAR PARK TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1 of 2</i>	
2 FILER NAME ONE CEDAR PARK PAC		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/26/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN K WIND 7 Contributor address; City; State; Zip Code 1509 MAIN ST CEDAR PARK, TX 78613	8 Amount of Contribution \$ \$26.00	9 In-kind contribution description P.O. Box <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 02/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN K WIND Contributor address; City; State; Zip Code 1509 MAIN ST CEDAR PARK, TX 78613	Amount of Contribution \$ \$10.81	In-kind contribution description Business & note cards <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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The **Instruction Guide** explains how to complete this form.

1 Total pages Schedule A2: **2 of 2**

2 FILER NAME
ONE CEDAR PARK PAC

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date
3/23/2018

6 Full name of contributor out-of-state PAC (ID#: _____)
Karen K Wind

8 Amount of Contribution \$
\$6.70

9 In-kind contribution description
Postage

7 Contributor address; City; State; Zip Code
1509 Main St Cedar Park, TX 78613

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

Full name of contributor out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <i>1061</i>
2 FILER NAME ONE CEDAR PARK PAC		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2018	5 Corporation / Labor Organization name HALFF ASSOCIATES, INC. ----- 6 Corporation / Labor Organization address; City; State; Zip Code 1201 NORTH BOWSER ROAD RICHARDSON, TX 75081-2275	7 Amount of contribution (\$) \$500.00
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		

LOANS

SCHEDULE E

The **Instruction Guide** explains **how to complete** this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

ONE CEDAR PARK PAC

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

02/16/18

7 Name of lender

KAREN K WIND

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5,000.00

6 Is lender a financial institution?

Y N

8 Lender address;

1509 MAIN ST

City; State; Zip Code

CEDAR PARK, TX 78613

10 Interest rate

0%

11 Maturity date

06/30/2018

12 Principal occupation / Job title (See Instructions)

RETIRED

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 1 of 3	2 FILER NAME ONE CEDAR PARK PAC	3 Filer ID (Ethics Commission Filers)
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4 Date 02/16/2018	5 Payee name REBECCA HUCKER
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 26001 BUDDE RD, UNIT 3102 SPRING, TX 73830
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE -- DESIGN /OF CAMPAIGN WEBSITE AND SOCIAL MEDIA PAGES	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/19/2018	Payee name REBECCA HUCKER
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 25009 BUDDE RD., UNIT 3102 SPRING, TX 73830
---------------------------	---

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE -- MAINTENANCE OF WEBSITE AND SOCIAL MEDIA PAGES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/20/2018	Payee name DIRT CHEAP SIGNS
--------------------	--------------------------------

Amount (\$) \$297.69	Payee address; City; State; Zip Code 7301 BAR K RANCH RD. LAGO VISTA, TX 78645
-------------------------	---

8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising -- Campaign Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

Complete ONLY 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
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: 2 of 3		2 FILER NAME ONE CEDAR PARK PAC		3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/2018		5 Payee name HILL COUNTRY NEWS			
6 Amount (\$) \$627.00		7 Payee address; City; State; Zip Code P.O. BOX 1777 CEDAR PARK, TX 78630			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising -- newspaper ad		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 02/23/2018		Payee name COMMUNITY IMPACT NEWSPAPER			
Amount (\$) \$555.00		Payee address; City; State; Zip Code 16225 IMPACT WAY, SUITE 1 PFLUGERVILLE, TX 78660			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising -- newspaper ad		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/23/2018		Payee name ANEDOT, INC.			
Amount (\$) \$1.40		Payee address; City; State; Zip Code 4017 BUENA VISTA ST, #109 DALLAS, TX 75204			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees -- On-line donation service		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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
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: 3 43	2 FILER NAME ONE CEDAR PARK PAC	3 Filer ID (Ethics Commission Filers)
4 Date 02/04/2018	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$10.81	7 Payee address; City; State; Zip Code 1105 C-BAR RANCH TRAIL, #C CEDAR PARK, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense Business cards & note cards	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/26/2017	Payee name U.S. Postal Service	
Amount (\$) \$26.00	Payee address; City; State; Zip Code 500 E Whitestone Blvd Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead / rental expense -- P.O. Box rental	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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 03/23/2018	Payee name U.S. Postal Service	
Amount (\$) \$6.70	Payee address; City; State; Zip Code 500 E Whitestone Blvd Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead / rental expense -- Postage	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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED