

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: 7				
3 COMMITTEE NAME ONE CEDAR PARK PAC		OFFICE USE ONLY					
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Received 01-31-19 14:04 IN <i>lma</i>				
	P.O. BOX 1471	CEDAR PARK TX 78630					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	MS.	KAREN	K				
	NICKNAME	LAST	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE; ZIP CODE				
1509 MAIN STREET		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 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 checked="" 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	THROUGH	Month	Day	Year
	07	01	2018		12	31	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		

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

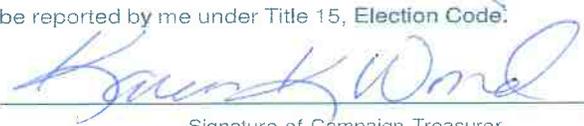
12 COMMITTEE NAME ONE CEDAR PARK PAC	13 Filer ID (Ethics Commission Filers)
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # PROPOSITION A <table style="float:right; margin-left: 20px;"> <tr> <td colspan="3">ELECTION DATE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">05</td> <td style="text-align: center;">2018</td> </tr> </table> DESCRIPTION Authorize redirection of 1/8 cent sales tax from Type A Corporation to General Fund for storm water drainage purposes	ELECTION DATE			Month	Day	Year	05	05	2018
	ELECTION DATE										
	Month	Day	Year								
05	05	2018									

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,294.52
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 279.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

16 AFFIDAVIT

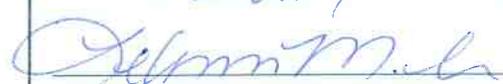
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, **Election Code**.



 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Wind, this the 4th day of January, 20 19, to certify which, witness my hand and seal of office.


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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: /	
2 FILER NAME ONE CEDAR PARK PAC		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/17/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM HUDGEONS	8 Amount of Contribution \$ \$497.95	9 In-kind contribution description LOAN FORGIVENESS
7 Contributor address; City; State; Zip Code 9401 LONGVALE DR AUSTIN TX 78729		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) PROJECT MANAGER		11 Employer (FOR NON-JUDICIAL) (See Instructions) ORTHOGONAL METHODS	
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 12/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN K WIND	Amount of Contribution \$ \$3,796.57	In-kind contribution description LOAN FORGIVENESS
Contributor address; City; State; Zip Code 1509 MAIN STREET CEDAR PARK TX 78613		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED		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.

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: <i>1 of 3</i>	2 FILER NAME ONE CEDAR PARK PAC	3 Filer ID (Ethics Commission Filers)
4 Date 07/17/18	5 Payee name U.S. POSTAL SERVICE	
6 Amount (\$) \$26.00	7 Payee address; City; State; Zip Code 500 E. WHITESTONE BLVD CEDAR PARK, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL EXPENSE POST OFFICE BOX RENTAL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/31/2018	Payee name AMPLIFY CREDIT UNION	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. BOX 85300 AUSTIN, TX 78708	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES BANK SERVICE FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/31/2018	Payee name AMPLIFY CREDIT UNION	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. BOX 85300 AUSTIN, TX 78708	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES BANK SERVICE FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2 of 3</i>	2 FILER NAME ONE CEDAR PARK PAC	3 Filer ID (Ethics Commission Filers)			
4 Date 09/30/18	5 Payee name AMPLIFY CREDIT UNION				
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code P.O. BOX 85300 AUSTIN, TX 78708				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES BANK SERVICE 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/31/2018	Payee name AMPLIFY CREDIT UNION				
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. BOX 85300 AUSTIN, TX 78708				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES BANK SERVICE FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/30/2018	Payee name AMPLIFY CREDIT UNION				
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. BOX 85300 AUSTIN, TX 78708				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES BANK SERVICE FEES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME ONE CEDAR PARK PAC	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2018	5 Payee name KAREN K WIND	
6 Amount (\$) \$203.43	7 Payee address; City; State; Zip Code 1509 MAIN STREET CEDAR PARK TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
	Payee name	
Amount (\$)	Office sought	
	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
	Payee name	
Amount (\$)	Office sought	
	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
	Payee name	
Amount (\$)	Office sought	
	Office held	

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**POLITICAL COMMITTEE
AFFIDAVIT OF DISSOLUTION**

FORM PAC - DR

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

1 COMMITTEE NAME

ONE CEDAR PARK PAC

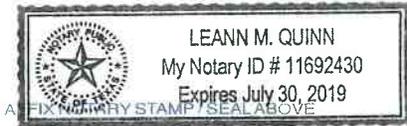
2 Filer ID (Ethics Commission Filers)

3 Affidavit of Dissolution

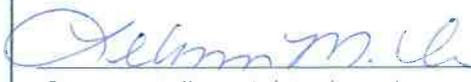
I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has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


Signature of Campaign Treasurer

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



Sworn to and subscribed before me, by the said Karen Wind, this the 4th day of January 2019, to certify which, witness my hand and seal of office.

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