

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: <div style="text-align: center; font-size: 24pt;">7</div>																
3 COMMITTEE NAME <div style="text-align: center;">Citizens for Cedar Park PAC</div>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="text-align: right;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: 18pt;">19 APR 26 PM 1:05</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 24pt; font-family: cursive;">LMQ</td> </tr> <tr> <td colspan="2" style="text-align: right;">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received		19 APR 26 PM 1:05		LMQ		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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Date Processed																			
Date Imaged																			
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE <div style="text-align: center;"> P.O. Box 3221 Cedar Park, TX 78630 </div>																		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center;"> Mrs. Kristyne Bollier </div> NICKNAME LAST SUFFIX		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Date Processed</td> </tr> <tr> <td>Date Imaged</td> </tr> </table>	Date Processed	Date Imaged														
Date Processed																			
Date Imaged																			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <div style="text-align: center;"> 3815 Arrow Wood Road Cedar Park, TX 78613 </div>																		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE <div style="text-align: center;">Same as above</div>																		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center;"> (512) 788-2021 </div>																		
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Dissolution (Attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> July 15	<input checked="" 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							
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">03 / 26 / 2019</td> <td></td> <td style="text-align: center;">04 / 24 / 2019</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	03 / 26 / 2019		04 / 24 / 2019										
Month Day Year	THROUGH	Month Day Year																	
03 / 26 / 2019		04 / 24 / 2019																	
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 5 / 4 / 2019 </td> <td style="width:30%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> <td style="width:40%;"></td> </tr> </table>			ELECTION DATE Month Day Year 5 / 4 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special														
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GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME
Citizens of Cedar Park PAC

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Hulyne Christopher
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Cedar Park City Council Place 3
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month / Day / Year / /
		DESCRIPTION

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)	\$ 7760.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9292.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4463.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Kristyne Bollier
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kristyne Bollier, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

LeAnn M. Quinn
Signature of officer administering oath

LeAnn M. Quinn
Printed name of officer administering oath

City Sec
Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Citizens of 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 checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME Rodney Robinson OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Cedar Park City Council Place 5 <table style="width:100%; border: none;"> <tr> <td style="border: none;">BALLOT IDENTIFICATION / #</td> <td style="border: none; text-align: right;">ELECTION DATE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;"> Month Day Year / / / </td> </tr> </table> DESCRIPTION	BALLOT IDENTIFICATION / #	ELECTION DATE		Month Day Year / / /
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	Month Day Year / / /					

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ See Page 2
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OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ See Page 2

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 _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Citizens of 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 checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Tim Kelly					
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Cedar Park City Council Place 1					
	<input type="checkbox"/> MEASURE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">BALLOT IDENTIFICATION / #</td> <td style="width:40%;">ELECTION DATE</td> </tr> <tr> <td></td> <td style="text-align: center;"> Month Day Year / / / </td> </tr> <tr> <td colspan="2">DESCRIPTION</td> </tr> </table>	BALLOT IDENTIFICATION / #	ELECTION DATE		Month Day Year / / /	DESCRIPTION
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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 _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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 Citizens for 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		\$ 7750.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9292.62
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2

2 FILER NAME

Citizens of Cedar Park PAC

3 Filer ID (Ethics Commission Filers)

4 Date

4/03/2019

5 Full name of contributor

Andy Pitts

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

7 Amount of contribution (\$)

\$5000.00

6 Contributor address;

City: State; Zip Code

3705 Lajitas, Leander, TX 78641

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/15/2019

Full name of contributor

Cynthia Long Campaign

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

Amount of contribution (\$)

\$250.00

Contributor address;

City: State; Zip Code

P.O. Box 3363, Cedar Park, TX 78630

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/2019

Full name of contributor

Susan Merrick

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

Amount of contribution (\$)

\$1000.00

Contributor address;

City: State; Zip Code

1715 Cattle Dr., Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/2019

Full name of contributor

Anthony Dale Campaign

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

Amount of contribution (\$)

\$500.00

Contributor address;

City: State; Zip Code

2800 E. Whitestone Blvd, STE 120 PMB 208
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 FILER NAME Citizens for Cedar Park PAC		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Hensley 6 Contributor address; City: State; Zip Code 319 BANDSTAND LN, CEDAR PARK, TX 78613	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City: State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City: State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City: State; Zip Code	Amount of contribution (\$)
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.		

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 FICLER NAME Citizens for Cedar Park	3 Filer ID (Ethics Commission Filers)
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4 Date 03/29/2019	5 Payee name United States Postal Service
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6 Amount (\$) \$17.00	7 Payee address: City: State; Zip Code 500 E Whitestone Blvd, Cedar Park, TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box
---	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/29/2019	Payee name United States Postal Service
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Amount (\$) \$1326.30	Payee address: City: State; Zip Code 500 E Whitestone Blvd, Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage, envelopes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/29/2019	Payee name Office Max / Depot
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Amount (\$) \$778.87	Payee address: City: State; Zip Code 1105 C-bar Ranch Trail #C, Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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 Citizens of Cedar Park	3 Filer ID (Ethics Commission Filers)
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4 Date 04/15/2019	5 Payee name TexasCMS
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6 Amount (\$) \$2500.00	7 Payee address: City: State: Zip Code P.O. Box 93 - Leander, TX 78646
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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 Graphic Design and Online Social Media Ads
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/16/2019	Payee name Payee name 360 Press Solutions
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Amount (\$) \$1897.97	Payee address: City: State: Zip Code 2009 Windy Terrace , Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage and Mailer
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/5/2019	Payee name Vista Print
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Amount (\$) \$262.48	Payee address: City: State: Zip Code 275 Wyman Street, Waltham, Massachusetts 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 FILER NAME Citizens for Cedar Park	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/2019	5 Payee name Benezet Consulting LLC	
6 Amount (\$) \$2500.00	7 Payee address: City: State: Zip Code 1000 Fiesta Unit A, Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Canvasing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 03/31/2019	Payee name Prosperity Bank Cedar Park	
Amount (\$) \$10.00	Payee address: City: State: Zip Code 650 E Whitestone Blvd, Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED