FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088927 3 COMMITTEE NAME **OFFICE USE ONLY Austin United PAC** Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2007 Bluebonnet Lane Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78704 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Tanya NAME NICKNAME LAST **SUFFIX** Payne STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2007 Bluebonnet Lane STREET **ADDRESS** (Residence or Business) Austin, TX 78704 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2007 Bluebonnet Lane MAILING **ADDRESS** Austin, TX 78704 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 426-9735 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/28/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Austin United PAC			00088927	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Llanes Pulido Carmen City of A	Austin Mayor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	44,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	46,553.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,411.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Ms. Tan	ya Payne	
		Signature of Car	mpaign Treasui	rer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

							Pa	ige 3 01 27
COMMITTEE NAME Austin United PAC					13 Filer ID 0008892	-	thics Comm	nission Filers)
Austin United PAC					0008892	. /		
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Duchen Marc Austin Dis	strict 10 C	Council Mem	nber		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Guzman Monica Austin	District 4	Council Me	ember		
Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Bledsoe Gary Austin Dis	strict 7 Co	ouncil Memb	ber		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPOSE						ADDENDUM
					T	Page 4 of 27
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Austin United PAC					00088927	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kelly Mackenzie	Austin District	6 Council Mem	ber
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 5 of 27

				5 of 27	
17 COMMIT	FEE NAME	18 Filer ID	(Ethics Comn	nission Filers)	
Austin U	nited PAC	00088927			
	LE SUBTOTALS - SCHEDULE		SUBTO	TAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	44,725.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA ORGANIZATION	BOR	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO LABOR ORGANIZATION	DRATION OR	\$		
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABO	R ORGANIZATION	\$		
9. X	SCHEDULE E: LOANS		\$	0.00	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	46,553.90	
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	JTIONS	\$	0.00	
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				0.00	
14.	\$				
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$					

	MONET	ARY POLITICAL (<u>.</u>	SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this f	orr	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 6/27	
2	FILER NAME Austin United	d PAC				3	Filer ID (Ethics Commission 00088927	on Filers)
4	Date 09/30/2024	5 Full name of contributor Atherton, Lorraine6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$400.00
		Austin, TX 78704						
8	Principal occu Copy Editor	pation / Job title (See Instructions	5)	9	Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/29/2024 Bray, Molly Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$100.00	
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions	-1	_	Employer (See Instructions	<u>''</u>		
	Research	pation / Job title (See instructions	5)		University of Texas	>)		
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID#:) Bunch, Bill Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00	
		Austin, TX 78704		_				
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Save Our Springs Allian			
	Date 10/01/2024	Full name of contributor Daugherty, Gerald Contributor address; City; S Austin, TX 78735)		Amount of Contribution (\$)	\$250.00
	Principal occu Business Ov	pation / Job title (See Instructions ner	s)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/05/2024 DiLeo, Tracy Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$5,000.00			
	Principal occu Partner	pation / Job title (See Instructions	5)		Employer (See Instructions Killam Company	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 7/27	
2	FILER NAME Austin United	I PAC			3	Filer ID (Ethics Commissio 00088927	n Filers)
4	Date 09/30/2024	 Full name of contributor out-of-state PAC Frensley, Nathalie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	la la	Employer (See Instructions	:) 		
_	unemployed	oution / Job title (See Instructions)		unemployed	•′′		
	Date 10/23/2024	Full name of contributor out-of-state PAC Fuentes, Francisco Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78759		Employer (See Instructions	·,		
	Principal occupation / Job title (See Instructions) Employer (See Instructions Chair US Hispanic Contractor				ssociation		
	Date 10/22/2024	Full name of contributor out-of-state PAC Kathleen, Elmore Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78750					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 10/06/2024	Full name of contributor out-of-state PAC Levin, Ilan Contributor address; City; State; Zip Code Austin, TX 78704				Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions TRLA	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC Levy, Michael Contributor address; City; State; Zip Code Austin, TX 78767)		Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 8/27
2	FILER NAME Austin United	d PAC				3	Filer ID (Ethics Commission Filers) 00088927
4	Date 10/14/2024			7	Amount of Contribution (\$) \$10,000.00		
_	Dringing! aggs			_	Employer (Coo Instructions	<u></u>	
8		pation / Job title (See Instructions) Advisor, semi retired		9	Employer (See Instructions Self	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 10/17/2024 McArthur, Barbara Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$50.00		
	Principal occu	Austin, TX 78756 pation / Job title (See Instructions)	,		Employer (See Instructions	(;)	
	retired	pation / cos title (cos montotions)			retired	,	
	Date 10/08/2024	Full name of contributor Mitchell, Kirk Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$) \$10,000.00
	Daine die al access	Austin, TX 78765			Frankrije (Cooks trockie oo	Ĺ	
	Self	pation / Job title (See Instructions			Employer (See Instructions Securities	5)	
	Date 09/28/2024	Full name of contributor Nick, Garret Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$) \$100.00
	Principal occu Stuff	pation / Job title (See Instructions			Employer (See Instructions Self	5)	
	Date 10/02/2024	Full name of contributor Rather, Robin Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$15,000.00
	Principal occu Consultant	pation / Job title (See Instructions)			Employer (See Instructions Self	5)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 9/27	
2	FILER NAME Austin Unite			3	Filer ID (Ethics Commiss 00088927	ion Filers)
4	Date 10/17/2024 5 Full name of contributor out-of-state PAC (ID#:) Rigney, Bobby 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Austin, TX 78704 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	retired		retired			
	Date Full name of contributor out-of-state PAC (ID#:) 09/28/2024 Wendler, Ed Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Austin, TX 78731				
	Principal occu Real estate	upation / Job title (See Instructions)	Employer (See Instructions Self	S)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Zerdecki, Drew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Dringing	Austin TX, TX 78704	Francis vou (Coo Inchusetions	ř 		
	Attorney	upation / Job title (See Instructions)	Employer (See Instructions Litwin Kach LLP	5)		

PLE	DGED CONTRIBU	TIONS			SCHEDULE B		
т	he Instruction Guide exp	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 10/27				
2 FILER N. Austin U	AME Inited PAC			3			
4 TOTAL	TOTAL OF UNITEMIZED PLEDGES				\$ 0		
5 Date	6 Full name of pledgorout-of-state PAC (ID#: 7 Pledgor Address; City; State; Zip Code			_) 8	Amount of pledge (\$) 9		
			T.	[Check if travel outside of Texas. Complete Schedu		
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In:	structi	ions)		

	LOANS					SCHED	ULE E
	The Instruction Guide explains how to complete this form.					ages Schedule E: /1 Rpt: 11/27	
	FILER NAME Austin United PA	FILER NAME Austin United PAC				(Ethics Commission 927	on Filers)
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
	Is lender a financial institution?	8 Lender address; Cit	y; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	s)		
14	Description of Coll None	ateral		15 Check if personal funds w	ere deposite	ed into political accou (See Instruction	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarar	nteed (\$)
	not applicable	18 Guarantor address; Cit	y; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	s)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/16 Rpt: 12/27 **Austin United PAC** 00088927 4 Date Payee name 10/22/2024 Anedot 6 Amount (\$) Payee address; City; State; Zip Code 1304 Poydras St, Suite 1770 \$714.60 Expenditure from New Orleans, LA 70112 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense online donation fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/02/2024 Austin Chronicle Amount (\$) Payee address; City; State; Zip Code \$6,500.00 100 E 40th St Expenditure from Austin, TX 78702 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense print and web ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Llanes Pulido, Carmen Austin Mayor Date Payee name (see previous) Amount (\$) Payee address: City; State; Zip Code Expenditure from corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Bledsoe, Gary Austin City Council District D7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/Wages/Contract Labor	
		explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/16 Rpt: 13/27	Austin United PAC		00088927
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the to	·	
EXPENDITURE			avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
		L Crieck if A	ustin, 17, unicendider living expense
O Commission Chill V if all a	Condidate (Office Indiana)	O#ioo oo:!-!	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
oxportantaro to soment or o	Guzman, Monica	Austin City Council Dist	trict D4
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State: Zip Code	
(1)		•	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Description	1
OF EXPENDITURE			avel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if A	austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experialture to beriefft C/Or	¹ Duchen, Marc	Austin City Council Dist	trict D10
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Amount (\$)	rayee address, City,	State, Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Description	1
OF EXPENDITURE	•	·	avel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if A	austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^l Kelly, Mackinzie	Austin City Council Dist	trict D6

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

Credit Card Layment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/16 Rpt: 14/27	Austin United PAC	00088927
4 Date	5 Payee name	
10/10/2024	Austin Chronicle	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
\$825.00	100 E 40th St	
Expenditure from		
corporate funds	Austin, TX 78702	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		print ad
		·
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	H Duchen, Marc Austin	City Council District D10
Date	Payee name	
10/17/2024	Austin Chronicle	
Amount (\$)	Payee address; City; State; Zip (Code
\$825.00	100 E 40th St	
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		print ad
Complete ONLY if direct	Candidate/Officeholder name Office se	ought Office held
expenditure to benefit C/O	H Llanes Pulido, Carmen Austin	Mayor
Date	Payee name	
10/24/2024	Austin Chronicle	
Amount (\$)	Payee address; City; State; Zip (Code
\$1,325.00	100 E 40th St	
— Francistus from		
Expenditure from corporate funds	Austin, TX 78702	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
E/11 E1191. C.1.		Check if Austin, TX, officeholder living expense digital and print ads
		digital and print aus
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI		
		ayo.

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how t	to complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 4/16 Rpt: 15/27	Austin United PAC	00088927
4 Date	5 Payee name	<u> </u>
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	o Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		sought Office held n City Council District D10
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Office held n City Council District D7
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip) Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Office held n City Council District D4

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 16/27	Austin United PAC 00088927
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	Helly, Mackinzie Austin City Council District 6
Date	Payee name
10/07/2024	Combustion Creative
Amount (\$)	Payee address; City; State; Zip Code
\$4,492.38	1305 Richcreek Rd
Ψ+,+32.00	1000 Michiel Coll Mu
Expenditure from	A
corporate funds	Austin, TX 78757
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Design services
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Llanes Pulido, Carmen Austin Mayor
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
•	(1)
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if dayer duside of rexas. Complete scriedule 1.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	The state of the s

SCHEDULE F1

Advertising Expense Ex Accounting/Banking Fe Consulting Expense Fc Contributions/ Donations Made By - G

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W	ages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to cor	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/16 Rpt: 17/27	Austin United PAC	00088927
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
()		
Expenditure from		
corporate funds	T	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		onestrunteen, nn, smeerieten ming experies
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O	1	ty Council District D7
		.,
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Coo	de
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held
expenditure to benefit C/OI	[†] Guzman, Monica Austin Cit	y Council District D4
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Coo	do
Amount (\$)	rayee address, City, State, Zip Col	ue
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete CNII V if direct	Condidate/Officeholder name	ght Office held
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç Kelly, Mackenzie Austin Cit	gnt Oπice neid by Council District D6
	AUSIII CII	Ly Council District Do

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/16 Rpt: 18/27	Austin United PAC	00088927
4 Date	5 Payee name	•
10/08/2024	Compusign	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$173.20	2004 S. Lamar Blvd	
— Foresaditus from		
Expenditure from corporate funds	Austin, TX 78704	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense banner
		barrier
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		-
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
γο αε (ψ)	. ayoo aaa.ooo,	
Expenditure from corporate funds		
PURPOSE	(0) 0-1-1-1-1	(b) December
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	•
experialiture to benefit C/O	Guzman, Monica Austin C	city Council District D4
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		city Council District D7
	-	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee 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 3 Filer ID (Ethics Commission Filers)
Sch: 8/16 Rpt: 19/27	Austin United PAC 00088927
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Kelly, Mackensie Austin City Council District D6
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
(1)	age and the grant of the grant
Expenditure from	
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	Tustin City Council District D10
Date	Payee name
10/03/2024	Compusign
Amount (\$)	Payee address; City; State; Zip Code
\$81.19	2004 S. Lamar Blvd
Expenditure from corporate funds	Austin, TX 78704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	sticker
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H .

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/16 Rpt: 20/27	Austin United PAC	00088927
4 Date	5 Payee name	1
10/19/2024	Encino Broadcasting	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$2,000.00	9414 Parkfield Dr.	
Expenditure from corporate funds	Austin, TX 78758	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		radio
O Complete CNII V if all a - 4	Condidate/Officeholder name	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H Llanes Pulido, Carmen Austin M	-
		14701
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H Guzman, Monica Austin C	city Council District 4
Date	Payee name	
10/24/2024	Encino Broadcasting	
Amount (\$)	Payee address; City; State; Zip C	ode
\$2,000.00	9414 Parkfield Dr.	
Expenditure from corporate funds	Austin, TX 78758	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	a a sa g	Check if Austin, TX, officeholder living expense
		radio
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	
7	H Llanes Pulido, Carmen Austin M	ıay∪ı

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 10/16 Rpt: 21/27	Austin United PAC 00088927	
4 Date	5 Payee name	_
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
Expenditure from		
corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H Guzman, Monica Austin City Council District 4	
Date	Payee name	_
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OH Bledsoe, Gary Austin City Council District 7		
Date	Payee name	_
10/25/2024	Gannett Co., Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,100.00	1675 Broadway, 23rd Floor	
— Formanditus from		
Expenditure from corporate funds	New York, NY 10019	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Online ads	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)	_
	Sch: 11/16 Rpt: 22/27	Austin United PAC 00088927	
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	. ,		
	Expenditure from		
_	corporate funds		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Bledsoe, Gary Austin City Council District 7	
	Date	Payee name	=
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	_
	Amount (\$)	rayee address, City, State, Zip Code	
_	T Expenditure from		
L	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OH Duchen, Marc Austin City Council District 10		Duchen, Marc Austin City Council District 10	
	Date	Davida nama	=
	10/24/2024	Payee name Jeff Crosby Direct Mail	
		· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,704.00	505 W. 7th Apt. 108	
Χ	Expenditure from corporate funds	Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		direct mail	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how t	to complete this form.	
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)	
Sch: 12/16 Rpt: 23/27	Austin United PAC	00088927	
4 Date	5 Payee name	<u> </u>	
10/10/2024	Latto, Marina		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$393.75	310 N Kings Canyon Drive		
Expenditure from corporate funds	Cedar Park, TX 78613		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		design services	
		9	
9 Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held	
expenditure to benefit C/O		or of Austin	
Date	Payee name		
- 1	(see previous)		
Amount (\$)	Payee address; City; State; Zip	n Code	
γιποαπι (φ)	Tayou address, Oity, State, 21p	, 6646	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	(See Categories listed at the top of this scriedule)	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought Office held	
expenditure to benefit C/OH Duchen, Marc Austin City Council District D10			
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zip) Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held	
expenditure to benefit C/O		n City Council District D7	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/16 Rpt: 24/27	Austin United PAC	00088927
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(See Categories listed at the top or this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought Office held
experience to bettern eye	H Kelly, Mackinzie Austir	n City Council District D6
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		n City Council District D4
Data	i	
Date 10/18/2024	Payee name Modern Cartographers	
Amount (\$)	Payee address; City; State; Zip	Code
\$5,000.00	703 Pier Avenue, Ste B373	
Expenditure from		
corporate funds	Hermosa Beach, CA 90254	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		digital ads
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/O		n City Council District D6

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 14/16 Rpt: 25/27	2 FILER NAME Austin United PAC	3 Filer ID (Ethics Commission Filers) 00088927
4	Date 10/16/2024	Payee name Premiere Political Communications	
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 4103 Stuart Circle Drive	
	Expenditure from corporate funds	Ferndale, WA 98248	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense text
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Duchen, Marc 98248 District	Office held ct D10
	Date 10/18/2024	Payee name Premiere Political Communications	
	Amount (\$) \$1,323.00 Expenditure from	Payee address; City; State; Zip Code 4103 Stuart Circle Drive	
L	corporate funds	Ferndale, WA 98248	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense text
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Bledsoe, Gary Austin City C	Office held Council District D7
	Date 10/17/2024	Payee name Premiere Political Communications	
	Amount (\$) \$449.19	Payee address; City; State; Zip Code 4103 Stuart Circle Drive	
	Expenditure from corporate funds	Ferndale, WA 98248	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense text
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Guzman, Monica Austin City C	Office held Council District D4

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 15/16 Rpt: 26/27	2 FILER NAME Austin United PAC 3 Filer ID (Ethics Commission Filers) 00088927	
4 Date 10/17/2024	5 Payee name Premiere Political Communications	
6 Amount (\$) \$4,167.66	7 Payee address; City; State; Zip Code 4103 Stuart Circle Drive	
Expenditure from corporate funds	Ferndale, WA 98248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense text	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held Llanes Pulido, Carmen Austin Mayor	
Date 10/24/2024	Payee name Premiere Political Communications	
Amount (\$) \$2,641.47	Payee address; City; State; Zip Code 4103 Stuart Circle Drive	
Expenditure from corporate funds	Ferndale, WA 98248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense text	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Hayor of Austin	
Date 10/03/2024	Payee name Quick Print	
Amount (\$) \$38.46	Payee address; City; State; Zip Code 410 Congress Ave	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stickers	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing / Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee 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 3 Filer ID (Ethics Commission File	rs)
	Sch: 16/16 Rpt: 27/27	Austin United PAC 00088927	
4	Date	5 Payee name	
	10/03/2024	Regan National Advertising	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	P.O. Box 561539	
	Expenditure from corporate funds	Denver, CO 80256-1539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		sticker installation	
Ļ	Operation ONLY if allower	Out like to 10ff as hald a second of the sec	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	