

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME *Campaign to Vacate Victor Specific Purpose Political Action Committee* ACCOUNT # (Ethics Commission Filers)

| | | | | |
|---|--|--|--|---|
| 13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> OFFICEHOLDER | CANDIDATE / OFFICEHOLDER NAME <i>Victor Hernandez</i> | | |
| | | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>Lubbock City Council District 1</i> | | |
| | <input type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # | | ELECTION DATE Month Day Year <i>11 / 5 / 13</i> |
| | | DESCRIPTION <i>Special Recall Election</i> | | |

| | | |
|-------------------------|---|-----------------------------|
| 14 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>1500⁰⁰</i> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <i>135³⁶</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>1466³⁴</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>89⁸²</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

15 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

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]
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said *Ysabel Gutierrez*, this the *4th* day of *October*, 20*13*, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Jennifer Clements Printed name of officer administering oath
Notary Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|--|---|--|--|
| 4 Date 9-5-13 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee Ann Dumbauld | 7 Amount of contribution (\$) \$500⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px;"></div> | | (If travel outside of Texas, complete Schedule T) | |

9 Principal occupation / Job title (See Instructions) **Retired** 10 Employer (See Instructions) **N/A**

| | | | |
|--|---|---|--|
| Date 9-14-13 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard P. Baumgartner | Amount of contribution (\$) \$1000⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) **Administrator** Employer (See Instructions) **Rise Academy**

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

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

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

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

| | | | |
|--|--|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F: <i>1</i> | 2 FILER NAME <i>Campaign to Vacate Governor Specific Purpose Political Action Committee</i> | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date <i>10-3-13</i> | 5 Payee name <i>Advertising Services Inc.</i> | |
| 6 Amount (\$) <i>1,331.48</i> | 7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px;"></div> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i> | (b) Description (If travel outside of Texas, complete Schedule T) <i>Yard Signs</i> |
| 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 (If travel outside of Texas, complete Schedule T) |
| 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 (If travel outside of Texas, complete Schedule T) |
| 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 (If travel outside of Texas, complete Schedule T) |
| 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