

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

RECEIVED
OCT 28 2013
OFFICE OF THE CITY SECRETARY
1 AUBBOCK, TEXAS
(Ethics Commission Filers)

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

2 Total pages filed:

4

3 COMMITTEE NAME

Campaign to Vacate Victor
Specific Purpose Political Action Committee

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE



change of address

5 CAMPAIGN TREASURER NAME

MS / MRS MR FIRST MI

Ysidro

NICKNAME LAST SUFFIX

Gutierrez

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE



7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE



change of address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION



9 REPORT TYPE

- January 15
- July 15
- 30th day before election
- 8th day before election
- Runoff
- Exceeded \$500 limit
- Dissolution (attach PAC-DR)
- 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year

7 / 16 / 2013

THROUGH

10 / 28 / 2013

11 ELECTION

ELECTION DATE
Month Day Year

11 / 5 / 2013

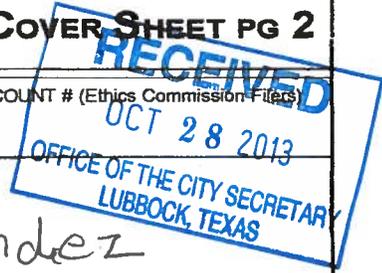
ELECTION TYPE

- Primary
- Runoff
- General
- Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2



12 COMMITTEE NAME Campaign to Vacate Victor Hernandez Political Action Committee

ACCOUNT # (Ethics Commission-Files)

13 COMMITTEE PURPOSE

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

CANDIDATE

SUPPORT (Candidate or Measure)

OPPOSE (Candidate or Measure)

ASSIST (Officeholder)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME
Victor Hernandez

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Lubbock City Council District 1

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year
11 / 5 / 13

DESCRIPTION
Special Recall Election

14 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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) | \$ <u>564.95</u> |
| 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>309.45</u> |
| 4. TOTAL POLITICAL EXPENDITURES | \$ <u>650.40</u> |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>4.37</u> |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

15 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]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ysidro V. Gutierrez, this the 28th day of October, 20 13, to certify which, witness my hand and seal of office.

Magen Murchison Magen Murchison Notary
Signature of officer administering oath Printed name of officer administering oath 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: 1

2 FILER NAME Campaign to Vacate Victor
Specific Purpose Political Action Committee

3 ACCOUNT # (Ethics Commission Filers)

4 Date 10-9-2013

5 Full name of contributor out-of-state PAC (ID#: _____)
Trey Brant O'Hair

7 Amount of contribution (\$) \$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[Redacted]

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Business Owner

10 Employer (See Instructions)
O'Hair Shutters, Ltd.

Date 10-9-2013

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

Amount of contribution (\$) \$64.95

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[Redacted]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

Full name of contributor 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 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 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: 1 | 2 FILER NAME Campaign to vacate Victor Specific Purpose Political Action Comm. Inc | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------|--|--|

| | |
|----------------------|----------------------|
| 4 Date 10-16-2013 | 5 Payee name USPS |
|----------------------|----------------------|

| | |
|-------------------------|---|
| 6 Amount (\$) 276.00 | 7 Payee address; City; State; Zip Code Downtown Station 411 Ave L Lubbock, TX 79408 |
|-------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Postage Stamps | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED