## 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:			
3 COMMITTEE NAME	1 Parla Con Pontilo	OFFICE USE ONLY	
HaysCo	centy Parks for People	Date Received	
4 COMMITTEE ADDRESS ADDRESS //	Tauglewood Trail, San Marcon Tx 786	Date Received  Date Received  Date Received  Date Received	
5 CAIVITAIGIV	MRS / MR FIRST MI	Receipt # Amount \$	
TREASURER NAME	Ms Lucy	· · · Date Processed	
NICK	NAME LAST SUFFIX  Johnson	Date Imaged	
6 CAIVITAIGN	1940 Gibralter Dr. Sauma	STATE: ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	EET ADDRESS OR PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
TREASURER	a code Phone Number Extension  512) 913-4742		
9 REPORT TYPE	January 15  Softh day before election  Buly 15  Runoff	Exceeded Modified Reporting Limit  Dissolution (Attach PAC-DR)  10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year  1 / 2 / 20 THROUGH	Month Day Year  9/24/20	
11 ELECTION Month	Descrip		
GO TO PAGE 2			

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

#### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Horys County Parks For People 13 Filer ID (Ethics Commission Filers)				
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	7		
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
OPPOSE (Candidate or Measure)	Measure)			
ASSIST (Office holder)	MEASURE	Bond Proposition A Month Day  3	/2 (C)	
(Officeholder)	1	county parks + open sp	are bond	
15 CONTRIBUTION TOTALS	TO THE OWNER OF THE CONTROL OF THE C		\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 700,00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 8.00	
4. TOTAL POLITICAL EXPENDITURES		AL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTI	L CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ING PERIOD	\$ 692,00	
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$		
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.  VIRGINIA FLORES Notary Public, State of Texas Comm. Expires 05-17-2021 Notary ID 131135403  Signature of Campaign Treasurer				
Sworn to and subscribed before me, by the said LLC JOHUSON , this the				
day of October, 20 30, to certify which, witness my hand and seal of office.				
Signature of office administering oath  Printed name of officer administering oath  Title of officer administering oath				

### SUBTOTALS - SPAC

#### FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME 18 Filer ID (Ethics Com		nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION:	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OF	R LABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA	BOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (	CONTRIBUTIONS	\$ 800
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	AL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Date  5 Full name of contributor   out-of-state PAC (ID#:)  9/23/20 George Cofor  6 Contributor address; City; State; Zip Code  3306 Gentry Dr, Austin Tx 78746	7 Amount of contribution (\$)
8	Staff of wonfrots?  9 Employer (See Instructions)  Hill Country	y Conservancy
	Date  Full name of contributor   out-of-state PAC (ID#:)  Katherine Romans  Contributor address; City; State; Zip Code  22/2 Falcontfill Dr., Austin TX  78745	Amount of contribution (\$)
	Principal occupation / Job title (See Instructions)  Staff of months of Hill Cour	tions) Alliquee
	Date  Full name of contributor   out-of-state PAC (ID#:)  Out-of-state PAC (ID#:)	Amount of contribution (\$)
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
	Date  Full name of contributor  out-of-state PAC (ID#:)  Contributor address;  City;  State; Zip Code	Amount of contribution (\$)
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)

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

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

Candidate/Officeholder/Politica Credit Card Payment		aries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Faymont	The Instruction Guide explains how	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Dianne Wass	senich	3 Filer ID (Ethics Commission Filers)
4 Date 10/3/20	5 Payee name Ozova Box	k	
6 Amount (\$)	7 Payee address; Dutton Dr.	Suito City; 205 Sau	State; Zip Code  Mærcæ TX 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  because Face	(b) Description	boukfee
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	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 schedul	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
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 schedul	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEE	DED