

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00055005

2 PAGE #
1 of 6

3 COMMITTEE NAME
House Democratic Campaign Committee

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1925
Austin, TX 78767
 Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME
MS / MRS / MR FIRST MI
Lon
.....
NICKNAME LAST SUFFIX
Burnam

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 1925
Austin, TX 78767

7 CAMPAIGN TREASURER'S MAILING ADDRESS
STREET OR PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE
P.O. Box 1925
Austin, TX 78767
 Change of Address

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 473-2004

9 REPORT TYPE
 January 15 30th day before election Dissolution (attach PAC-DR)
 July 15 8th day before election 10th day after campaign treasurer termination
 Runoff

10 PERIOD COVERED
Month Day Year THROUGH Month Day Year
01/01/2015 01/05/2015

11 ELECTION
ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/04/2014 General

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM GPAC
COVER SHEET PG 2**

12	COMMITTEE NAME House Democratic Campaign Committee	ACCOUNT # 00055005
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13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported
		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)	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$100 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,267.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,540.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 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

**CORPORATION OR LABOR ORGANIZATION
CONTRIBUTIONS FOR ADMINISTRATION/SOLICITATION****SCHEDULE C-2**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/6
2 COMMITTEE NAME House Democratic Campaign Committee		3 ACCOUNT # (Ethics Commission filers) 00055005
4 Date 01/01/2015	5 Corporate / Labor Organization name Texas AFL-CIO (in-kind one month office space)	6 Amount (\$) \$750.00

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 4/6		2 FILER NAME House Democratic Campaign Committee		3 ACCOUNT # (TEC filers) 00055005	
4 Date 01/02/2015		5 Payee name AT&T			
6 Amount (\$) \$234.87 <input checked="" type="checkbox"/> Expenditure from corporate funds		7 Payee address City; State; Zip Code PO Box 105414 Atlanta, GA 30348			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office phone service <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/02/2015		Payee name Blue Cross Blue Shield of Texas			
Amount (\$) \$385.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code PO Box 655730 Dallas, TX 75265			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Employee health insurance (reimb Katie Smith) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/02/2015		Payee name Blue Cross Blue Shield of Texas			
Amount (\$) \$388.39 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code PO Box 655730 Dallas, TX 75265			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Employee health insurance (reimb Diana Horn) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/02/2015		Payee name Hill Country Springs			
Amount (\$) \$33.98 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code P.O. Box 2220 Manchaca, TX 78562			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office water delivery service <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 5/6		2 FILER NAME House Democratic Campaign Committee		3 ACCOUNT # (TEC filers) 00055005	
4 Date 01/02/2015		5 Payee name Horn, Diana			
6 Amount (\$) \$1,750.00 <input checked="" type="checkbox"/> Expenditure from corporate funds		7 Payee address City; State; Zip Code 613 Genard Street Austin, TX 78751			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/02/2015		Payee name Horn, Diana			
Amount (\$) \$246.94 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 613 Genard Street Austin, TX 78751			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/02/2015		Payee name Smith, Katie			
Amount (\$) \$2,721.44 <input type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 1501 Kinney Ave Apt. 210 Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/02/2015		Payee name Smith, Katie			
Amount (\$) \$1,375.00 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 1501 Kinney Ave Apt. 210 Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial 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 PAGE # Schedule: 3/3 Report: 6/6	2 FILER NAME House Democratic Campaign Committee	3 ACCOUNT # (TEC filers) 00055005
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4 Date 01/02/2015	5 Payee name United States Post Office
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6 Amount (\$) \$132.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 823 Congress Ave Ste 150 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PO Box rental renewal
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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