

# 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:  
**26**

3 COMMITTEE NAME  
**Secure San Antonios Future**

**OFFICE USE ONLY**

Date Received

4 COMMITTEE ADDRESS  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**300 Convent #2500  
San Antonio TX 78205**

Date Hand-delivered or Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME  
MS / MRS / MR FIRST MI  
**Mr Gordon**

Receipt # Amount

NICKNAME LAST SUFFIX  
**Hartman**

Date Processed

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**300 Convent #2500  
San Antonio TX 78205**

7 CAMPAIGN TREASURER MAILING ADDRESS  
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**300 Convent #2500  
San Antonio TX 78205-**

Change of Address

8 CAMPAIGN TREASURER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
( **210** ) **633-7369**

9 REPORT TYPE  
**July 15: Semi-Annual**

10 PERIOD COVERED  
Month Day Year Month Day Year  
**6/19/2018** THROUGH **6/30/2018**

11 ELECTION  
ELECTION DATE ELECTION TYPE  
Month Day Year  
**11/6/2018**  
 Primary  Runoff  Other Description  
 General  Special

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> <b>Secure San Antonios Future</b>	<b>13 Filer ID</b> (Ethics Commission Filers)
---	---

<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input type="checkbox"/> SUPPORT (Candidate or Measure)  <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE   <input type="checkbox"/> OFFICEHOLDER   <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <b>NA</b>  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year <b>11/6/2018</b>  DESCRIPTION <b>Oppose ballot propositions 1,2 &amp; 3</b>
---	--	---

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 255800.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 255800.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**16 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.

**\*\*\* Electronically Certified \*\*\***

\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Gordon Hartman, this the 16th day of July, 20 18, 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

# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

<b>17</b> COMMITTEE NAME <b>Secure San Antonios Future</b>		<b>18</b> Filer ID (Ethics Commission Filers)
<b>19</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$ 83500.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$ 0</b>
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	<b>\$ 172300.00</b>
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	<b>\$ 0</b>
6.	<input checked="" type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	<b>\$ 0</b>
7.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	<b>\$ 0</b>
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
10.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
11.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$ 0</b>
12.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<b>\$ 0</b>
13.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<b>\$ 0</b>
14.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<b>\$ 0</b>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 7**

2 FILER NAME  
**Secure San Antonios Future**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/20/2018**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**June Kachtik**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**3415 Rock Creek Run  
San Antonio, TX 78230**

8 Principal occupation / Job title (See instructions)  
**Self employed**

9 Employer (See instructions)  
**Self employed**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mario Barrera**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**135 Gramercy Pl  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Self employed**

Employer (See instructions)  
**Self employed**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jim Reed**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**7317 Ashton Place  
San Antonio, TX 78229**

Principal occupation / Job title (See instructions)  
**SA Medical Foundation**

Employer (See instructions)  
**President**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jenna Saucedo Herrera**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**735 E Nothingham  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**SAEDF**

Employer (See instructions)  
**CEO**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 7**

2 FILER NAME  
**Secure San Antonios Future**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/20/2018**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Lynn Merritt**

7 Amount of contribution (\$)  
**5000.00**

6 Contributor address; City; State; Zip Code  
**7 Legacy Park  
San Antonio, TX 78257**

8 Principal occupation / Job title (See instructions)  
**Retired**

9 Employer (See instructions)  
**Retired**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Arnold Briones**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**211 Addax  
San Antonio, TX 78213**

Principal occupation / Job title (See instructions)  
**COO**

Employer (See instructions)  
**Yantis Company**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Alcide Briones**

Amount of contribution (\$)  
**2500.00**

Contributor address; City; State; Zip Code  
**125 Aylesbury Hill St  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Real estate developer**

Employer (See instructions)  
**AMC Properties**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**William Kanyusik**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**700 E Hildebrand #1501  
San Antonio, TX 78212**

Principal occupation / Job title (See instructions)  
**Retired**

Employer (See instructions)  
**Retired**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 7</b>
2 FILER NAME <b>Secure San Antonios Future</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/20/2018</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Edward Hart</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>2311 Woodmen Dr San Antonio, TX 78209</b>		
8 Principal occupation / Job title (See instructions) <b>Financial Advisor</b>		9 Employer (See instructions) <b>Sendero Wealth Management</b>
Date <b>6/20/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Liza Barratachea</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>431 Woodway Forest Dr San Antonio, TX 78216</b>		
Principal occupation / Job title (See instructions) <b>SA Hotel &amp; Lodging Assoc</b>		Employer (See instructions) <b>Executive Dir</b>
Date <b>6/20/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steven Gonzales</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>PO Box 160515 San Antonio, TX 78280</b>		
Principal occupation / Job title (See instructions) <b>Vickrey &amp; Assoc</b>		Employer (See instructions) <b>Engineer</b>
Date <b>6/20/2018</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Thomas Jr</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>12227 Stable Square Dr San Antonio, TX 78249</b>		
Principal occupation / Job title (See instructions) <b>Retired</b>		Employer (See instructions) <b>Retired</b>



**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 7**

2 FILER NAME  
**Secure San Antonios Future**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/20/2018**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Colleen Taylor Waguespack**

7 Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
**1603 Tarton Ln  
San Antonio, TX 78231**

8 Principal occupation / Job title (See instructions)  
**Self employed**

9 Employer (See instructions)  
**Self employed**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Juan Antonio Flores**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**348 Redwood  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Port San Antonio**

Employer (See instructions)  
**Executive**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Blaine Lopez**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**8531 Espanola Dr  
San Antonio, TX 78023**

Principal occupation / Job title (See instructions)  
**Engineer**

Employer (See instructions)  
**KFW Engineers**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**George Weron**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**2602 Rogers Bluff  
San Antonio, TX 78258**

Principal occupation / Job title (See instructions)  
**Engineer**

Employer (See instructions)  
**KFW Engineers**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**5 of 7**

2 FILER NAME  
**Secure San Antonios Future**

3 Filer ID (Ethics Commission Filers)

4 Date  
**6/20/2018**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Robert Luna**

7 Amount of contribution (\$)  
**2000.00**

6 Contributor address; City; State; Zip Code  
**9639 McCullough  
San Antonio, TX 78216**

8 Principal occupation / Job title (See instructions)  
**Self employed**

9 Employer (See instructions)  
**Self employed**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Charles Saxer**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**2426 Mill Creek Dr  
San Antonio, TX 78231**

Principal occupation / Job title (See instructions)  
**Retired**

Employer (See instructions)  
**Retired**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Gordon Hartman**

Amount of contribution (\$)  
**25000.00**

Contributor address; City; State; Zip Code  
**1201 W Bitters #1200  
San Antonio, TX 78216**

Principal occupation / Job title (See instructions)  
**Executive Director**

Employer (See instructions)  
**Hartman Foundation**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Ricardo Perez**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**959 W Villaret Blvd  
San Antonio, TX 78224**

Principal occupation / Job title (See instructions)  
**CEO**

Employer (See instructions)  
**San Antonio Chamber of Commerce**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**6 of 7**

**2** FILER NAME  
**Secure San Antonios Future**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**6/20/2018**

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Jame Goudge**

**7** Amount of contribution (\$)  
**2500.00**

**6** Contributor address; City; State; Zip Code  
**200 Claiborne Way  
San Antonio, TX 78209**

**8** Principal occupation / Job title (See instructions)  
**CEO**

**9** Employer (See instructions)  
**Broadway Bank**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Richard Evans Jr.**

Amount of contribution (\$)  
**10000.00**

Contributor address; City; State; Zip Code  
**315 Terrell Rd  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Retired**

Employer (See instructions)  
**Retired**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Billy Classen**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**16726 Stone Throw  
San Antonio, TX 78248**

Principal occupation / Job title (See instructions)  
**Engineer**

Employer (See instructions)  
**KFW Engineers**

Date  
**6/20/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Heriberto Guerra Jr**

Amount of contribution (\$)  
**25000.00**

Contributor address; City; State; Zip Code  
**1 Lonestar Pass #41  
San Antonio, TX 78264**

Principal occupation / Job title (See instructions)  
**CEO**

Employer (See instructions)  
**Avanzar**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**7 of 7**

**2** FILER NAME  
**Secure San Antonios Future**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**6/26/2018**

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Carroll Schubert**

**7** Amount of contribution (\$)  
**1000.00**

**6** Contributor address; City; State; Zip Code  
**17 Seaton Green  
San Antonio, TX 78209**

**8** Principal occupation / Job title (See instructions)  
**President**

**9** Employer (See instructions)  
**PCSI**

Date  
**6/26/2018**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Edward Whitacre Jr**

Amount of contribution (\$)  
**1000.00**

Contributor address; City; State; Zip Code  
**325 Terrell Rd  
San Antonio, TX 78209**

Principal occupation / Job title (See instructions)  
**Retired**

Employer (See instructions)  
**Retired**

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1 of 1</b>
2 FILER NAME <b>Secure San Antonios Future</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 0</b>
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1 of 1</b>
2 FILER NAME <b>Secure San Antonios Future</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		<b>\$ 0</b>
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description  <input type="checkbox"/> Check 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

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>1 of 2</b>
2 FILER NAME <b>Secure San Antonios Future</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/20/2018</b>	5 Corporation / Labor Organization name <b>Alterman Inc.</b> ..... 6 Corporation / Labor Organization address; City; State; Zip Code <b>PO Box 700490 San Antonio, TN 78270</b>	7 Amount of contribution (\$) <b>10000.00</b>
Date <b>6/20/2018</b>	Corporation / Labor Organization name <b>Civil Design Services Inc</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>3411 Magic Drive San Antonio, TX 78229</b>	Amount of contribution (\$) <b>300.00</b>
Date <b>6/20/2018</b>	Corporation / Labor Organization name <b>Hasslocher Enterprises Inc</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>8520 Crownhill Blvd San Antonio, TX 78209</b>	Amount of contribution (\$) <b>25000.00</b>
Date <b>6/20/2018</b>	Corporation / Labor Organization name <b>Freese and Nichols</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>4055 International Plaza #200 Fort Worth, TX 76109</b>	Amount of contribution (\$) <b>1000.00</b>
Date <b>6/26/2018</b>	Corporation / Labor Organization name <b>Ecro LTD</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>200 E Grayson #124 San Antonio, TX 78215</b>	Amount of contribution (\$) <b>10000.00</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: <b>2 of 2</b>
2 FILER NAME <b>Secure San Antonios Future</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/27/2018</b>	5 Corporation / Labor Organization name <b>Frontline Support Solutions LLC</b> ..... 6 Corporation / Labor Organization address; City; State; Zip Code <b>2848 Castroville RD San Antonio, TX 78237</b>	7 Amount of contribution (\$) <b>1000.00</b>
Date <b>6/28/2018</b>	Corporation / Labor Organization name <b>USAA</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>PO Box 34330 San Antonio, TX 78265</b>	Amount of contribution (\$) <b>100000.00</b>
Date <b>6/29/2018</b>	Corporation / Labor Organization name <b>Ernst &amp; Young</b> ..... Corporation / Labor Organization address; City; State; Zip Code <b>1201 Elm St #1400 Dallas, TX 75270</b>	Amount of contribution (\$) <b>25000.00</b>
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
Date	Corporation / Labor Organization name ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C2**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: <b>1 of 1</b>
2 FILER NAME <b>Secure San Antonios Future</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name  ..... 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)  ..... 8 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE D**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: <b>1 of 1</b>
2 FILER NAME <b>Secure San Antonios Future</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Corporation / Labor Organization name  ..... 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of contribution (\$)  ..... 8 In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)  ..... In-kind contribution description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Secure San Antonios Future</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$ 0</b>
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; . . . . . City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See instructions)		<b>13</b> Employer (See instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; . . . . . City; State; Zip Code	
<b>20</b> Principal occupation (See instructions)		<b>21</b> Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; . . . . . City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; . . . . . City; State; Zip Code	
Principal occupation (See instructions)		Employer (See instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If lender 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)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F1: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Secure San Antonios Future</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;                      City;      State;      Zip Code
----------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule)	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> 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
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description  <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

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**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F2: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Secure San Antonios Future</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3: <b>1 of 1</b>
<b>2</b> FILER NAME <b>Secure San Antonios Future</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	.....	
	<b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	<b>7</b> Description of investment	
<b>8</b> Amount of investment (\$)		
Date	Name of person from whom investment is purchased	
	.....	
	Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	Description of investment	
Amount of investment (\$)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form

<b>1</b> Total pages Schedule F4: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Secure San Antonios Future</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$ 0</b>
--	-------------

<b>5</b> Date	<b>6</b> Payee name		
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code		
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description	
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/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 Travel Out Of District Other (enter a category not listed above)
---	--	--	---

**The Instruction Guide explains how to complete this form**

<b>1</b> Total pages Schedule H: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Secure San Antonios Future</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;                      City;    State;    Zip Code	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address;                      City;    State;    Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Business name	
Amount (\$)	Business address;                      City;    State;    Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Secure San Antonios Future</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	--	--

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code
---	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME

Secure San Antonios Future

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	..... 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
	..... Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <b>1 of 1</b>
2 FILER NAME <b>Secure San Antonios Future</b>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Dissolution" \*\*

1 COMMITTEE NAME  
Secure San Antonios Future

2 Filer ID (Ethics Commission Filers)

### 3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

\_\_\_\_\_  
Signature of Campaign Treasurer

DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED

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