

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000008	2 PAGE # 1 of 5
3 COMMITTEE NAME Equal Rights Houston Committee		OFFICE USE ONLY Date Received Date Hand-delivered Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10709 Marsha Ln. Houston, TX 77024		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Heidi NICKNAME LAST SUFFIX Kirkpatrick	CITY SECRETARY	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 10709 Marsha Ln. Houston, TX 77024		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10709 Marsha Ln. Houston, TX 77024		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 907-7098		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month      Day      Year      Month      Day      Year 01/01/2015      THROUGH      06/30/2015		
11 ELECTION	ELECTION DATE Month      Day      Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

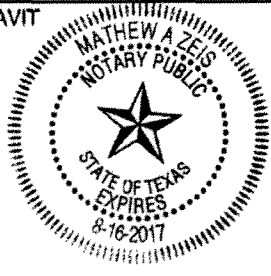
**SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS** **FORM SPAC**  
**COVER SHEET PG 2**

**12 COMMITTEE NAME** Equal Rights Houston Committee **ACCOUNT # (Ethics Commission filers)**  
00000008

<p><b>13 COMMITTEE PURPOSE</b></p> <p>(Attach lists on plain paper to complete this report if necessary.)</p> <p><input type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)</p> <p><input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)</p> <p><input type="checkbox"/> <b>ASSIST</b> (Officeholder only)</p>	<input type="checkbox"/> <b>CANDIDATE</b>	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input type="checkbox"/> <b>MEASURE</b>	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year
	DESCRIPTION		

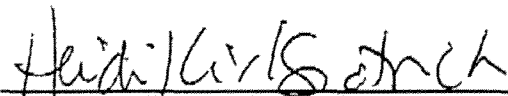
<b>14 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,000.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	37,430.76
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**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 of Campaign Treasurer

Sworn to and subscribed before me, by the said Heidi Kutzpatrick, this the 13<sup>th</sup> day of July, 2015, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath
Mathew Zeis  
Print 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** PAGE #

Schedule: 1/1 Report: 3/5

**2** FILER NAME Equal Rights Houston Committee

**3** ACCOUNT # (Ethics Commission filers)

00000008

**4** Date

01/30/2015

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

Gill, Tim

**6** Contributor address; City; State; Zip Code

Denver, CO 80206

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

\$10,000.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

Retired

**10** Employer (See Instructions)

None

**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.

<b>1</b> PAGE # Schedule: 1/1 Report: 4/5	<b>2</b> FILER NAME Equal Rights Houston Committee	<b>3</b> ACCOUNT # (TEC filers) 00000008
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<b>4</b> Date 06/30/2015	<b>5</b> Payee name ACLU of Texas - HERO
<b>6</b> Amount (\$) \$1,030.76	<b>7</b> Payee address City; State; Zip Code Houston, TX 77004

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/30/2015	Payee name Lone Star Strategies
Amount (\$) \$500.00	Payee address City; State; Zip Code Houston, TX 77024

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Compliance Consulting Fee
	<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:
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Date 01/30/2015	Payee name Storefront Political Media
Amount (\$) \$35,900.00	Payee address City; State; Zip Code San Francisco, CA 94111

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (if travel outside of Texas, complete Schedule T) <input type="checkbox"/> Survey Costs
	<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:
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**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC - DR**

Page 5 of 5

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

1 COMMITTEE NAME Equal Rights Houston Committee	2 ACCOUNT # (Ethics Commission filers) 00000008
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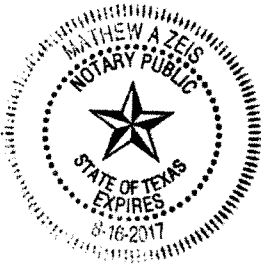
3

**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.

*Heidi Kirpatrick*  
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 Heidi Kirpatrick, this the 13<sup>th</sup> day of July, 2015, to certify which, witness my hand and seal of office.

<i>Mathew Zeis</i> Signature of officer administering oath	Mathew Zeis Printed name of officer administering oath	Notary Title of officer administering oath
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