

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <div style="text-align: center; font-size: 24pt; font-weight: bold;">21</div>												
<b>3</b> COMMITTEE NAME  <div style="font-size: 24pt; font-weight: bold; text-align: center;">SENSIBLE PAY FOR SA</div>		<b>OFFICE USE ONLY</b>													
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 18pt;">100 N.E. LOOP 410, Suite 1100 SAN ANTONIO, Tx. 78216-4704</div>		Date Received  <div style="text-align: center; font-size: 18pt; font-weight: bold;">15 JUL 15 PM 3:46</div>												
<b>5</b> CAMPAIGN TREASURER NAME  MS / MRS / MR      FIRST      MI <div style="font-size: 24pt; text-align: center;">MR.      RAY      E.</div> NICKNAME      LAST      SUFFIX <div style="font-size: 24pt; text-align: center;">BEREND</div>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 18pt;">100 N.E. LOOP 410, Suite 1100 SAN ANTONIO, Tx. 78216-4704</div>		Date Hand-delivered or Date Postmarked  Receipt #      Amount Date Processed  Date Imaged												
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 18pt;">100 N.E. LOOP 410, Suite 1100 SAN ANTONIO, Tx. 78216-4704</div>														
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 18pt;">100 N.E. LOOP 410, Suite 1100 SAN ANTONIO, Tx. 78216-4704</div>														
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION  <div style="font-size: 24pt;">(210)      771-2549</div>														
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input checked="" type="checkbox"/> Dissolution (Attach PAC-DR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> </table>			<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			
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	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination													
<b>10</b> PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">4 / 29 / 2015</td> <td></td> <td style="text-align: center; font-size: 24pt;">6 / 30 / 2015</td> </tr> </table>			Month      Day      Year	THROUGH	Month      Day      Year	4 / 29 / 2015		6 / 30 / 2015						
Month      Day      Year	THROUGH	Month      Day      Year													
4 / 29 / 2015		6 / 30 / 2015													
<b>11</b> ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE</td> <td colspan="2" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month      Day      Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">5 / 9 / 2015</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month      Day      Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	5 / 9 / 2015	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		<input type="checkbox"/> Other Description	
ELECTION DATE	ELECTION TYPE														
Month      Day      Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff													
5 / 9 / 2015	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special													
	<input type="checkbox"/> Other Description														

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

**12** COMMITTEE NAME SENSIBLE PAY FOR SA **13** Filer ID (Ethics Commission Filers)

<b>14</b> COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME  <u>SENSIBLE PAY FOR SA</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  <u>N/A</u>
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>5/09/2015</u> DESCRIPTION <u>SPECIFIC PURPOSE</u>

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<b>15</b> CONTRIBUTION TOTALS	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)	\$ 125,616 <sup>56</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 21 <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 125,595 <sup>56</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS	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.

Ray E Berend  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RAY E. BEREND, this the 15 day of July, 2015, to certify which, witness my hand and seal of office.

Sally Rivera Vasquez SALLY RIVERA VASQUEZ NOTARY PUBLIC  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <b>SENSIBLE PAY FOR SA</b>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,500 <sup>-</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 32,630 <sup>65</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 58,799 <sup>79</sup>
9.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
12.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
1 OF 2

2 FILER NAME

SENSIBLE PAY FOR SA

3 Filer ID (Ethics Commission Filers)

4 Date

5/1/2015

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

VALERO POLITICAL ACTION COMMITTEE

7 Amount of contribution (\$)

2,000<sup>00</sup>

6 Contributor address; City; State; Zip Code

P.O. Box 696000  
SAN ANTONIO, TX 78269

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/1/2015

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

EMBREY PARTNERS, LTD.

Amount of contribution (\$)

250<sup>00</sup>

Contributor address; City; State; Zip Code

1020 N.E. LOOP 410, SUITE 700  
SAN ANTONIO, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/2015

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

NU STAR LOGISTICS, L.P.

Amount of contribution (\$)

5,000<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. BOX 781609  
SAN ANTONIO, TX 78278

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/4/2015

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

PSCO PAC

Amount of contribution (\$)

1,000<sup>00</sup>

Contributor address; City; State; Zip Code

100 N.E. LOOP 400, SUITE 1100  
SAN ANTONIO, TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 2

2 FILER NAME

SENSIBLE PAY FOR SA

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/2015

5 Full name of contributor

SA HISPANIC CHAMBER OF COMMERCE

7 Amount of contribution (\$)

5,000<sup>00</sup>

6 Contributor address;

200 E. GRAYSON ST., Suite 203  
SAN ANTONIO, TX. 78215

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/8/2015

Full name of contributor

WILLIAM E. GREEHEY

Amount of contribution (\$)

5,000<sup>00</sup>

Contributor address;

P.O. BOX 780489  
SAN ANTONIO, TX. 78278

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/2015

Full name of contributor

DENISE GREEN

Amount of contribution (\$)

250<sup>00</sup>

Contributor address;

334 ENCINO AVE.  
SAN ANTONIO, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/21/2015

Full name of contributor

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>10 of 1</b>	
2 FILER NAME <b>SENSIBLE PAY FOR SA</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
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)			

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 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:

1 of 1

2 FILER NAME

SENSIBLE PAY FOR SA

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

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  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas, complete Schedule T

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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>10F2</b>
2 FILER NAME <b>SENSIBLE PAY FOR SA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/1/2015</b>	5 Corporation / Labor Organization name <b>FROST BANK</b>	7 Amount of contribution (\$) <b>5,000<sup>00</sup></b>
	6 Corporation / Labor Organization address; City; State; Zip Code <b>P.O. Box 1600 SAN ANTONIO, TX. 78296</b>	
Date <b>5/4/2015</b>	Corporation / Labor Organization name <b>LEAF GUARD BY BELDON, INC.</b>	Amount of contribution (\$) <b>1,000<sup>00</sup></b>
	Corporation / Labor Organization address; City; State; Zip Code <b>P.O. Box 13380 SAN ANTONIO, TX 78213</b>	
Date <b>5/4/2015</b>	Corporation / Labor Organization name <b>ZACHRY CORPORATION</b>	Amount of contribution (\$) <b>5,130<sup>65</sup></b>
	Corporation / Labor Organization address; City; State; Zip Code <b>527 LOGWOOD AVE. SAN ANTONIO, TX. 78249</b>	
Date <b>5/11/2015</b>	Corporation / Labor Organization name <b>A. T. &amp; T.</b>	Amount of contribution (\$) <b>2,000<sup>00</sup></b>
	Corporation / Labor Organization address; City; State; Zip Code <b>816 CONGRESS AVE, Suite 1100 AUSTIN, TX 78701</b>	
Date <b>5/11/2015</b>	Corporation / Labor Organization name <b>U S A A</b>	Amount of contribution (\$) <b>10,000<sup>00</sup></b>
	Corporation / Labor Organization address; City; State; Zip Code <b>9800 FREDERICKSBURG ROAD SAN ANTONIO, TX. 78228</b>	

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**MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:

2 of 2

2 FILER NAME

SENSIBLE PAY FOR SA

3 Filer ID (Ethics Commission Filers)

4 Date

5/21/2015

5 Corporation / Labor Organization name

ABENGOA VISTA RIDGE, LLC

7 Amount of contribution (\$)

7,000<sup>00</sup>

6 Corporation / Labor Organization address; City; State; Zip Code

2600 VIA FORTUNA, Suite 220  
AUSTIN, TX. 78746

Date

5/28/2015

Corporation / Labor Organization name

THE SUNDT COMPANIES, INC.

Amount of contribution (\$)

2,500<sup>00</sup>

Corporation / Labor Organization address; City; State; Zip Code

2015 W. RIVER RD., STE. 101  
TUCSON, AZ. 85704

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

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# 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>10/1</b>	
2 FILER NAME <b>SENSIBLE PAY FOR SA</b>		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description
6 Corporation / Labor Organization address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
Corporation / Labor Organization address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
Corporation / Labor Organization address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
Corporation / Labor Organization address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
Corporation / Labor Organization address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

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# PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE D**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: <span style="font-size: 1.5em;">1 of 1</span>	
2 FILER NAME <span style="font-size: 1.5em; font-family: cursive;">SENSIBLE PAY FOR SA</span>		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

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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

SENSIBLE PAY FOR SA

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | 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 | Gift/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 F1: 1 of 2	<b>2</b> FILER NAME SENSIBLE PAY FOR SA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/26/2015	<b>5</b> Payee name KGB TEXAS	
<b>6</b> Amount (\$) 10,896 <sup>34</sup>	<b>7</b> Payee address; City; State; Zip Code 200 E. GRAYSON ST., STE. 210 SAN ANTONIO, TX. 78215	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) PRINTING EXPENSE 10,896 <sup>34</sup>	<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 6/10/2015	Payee name KGB TEXAS	
Amount (\$) 42,900 <sup>00</sup>	Payee address; City; State; Zip Code 200 E. GRAYSON STE. 210 SAN ANTONIO, TX 78215	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 5/1/2015	Payee name KGB TEXAS	
Amount (\$) 5,000 <sup>00</sup>	Payee address; City; State; Zip Code 200 E. GRAYSON ST., STE. 210 SAN ANTONIO, TX 78215	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	Gift/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 F1: 20F2	<b>2</b> FILER NAME SENSIBLE PAYFOR SA	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 6/30/2015	<b>5</b> Payee name KGB TEXAS
----------------------------	----------------------------------

<b>6</b> Amount (\$) 343	<b>7</b> Payee address; City; State; Zip Code 200 E. GRAYSON STE 210 SAN ANTONIO, TX 78215
-----------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	<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	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
--	-------------------------------	---------------	-------------

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/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)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <i>1 of 1</i>	<b>2</b> FILER NAME <i>SENSIBLE PAY FOR SA</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<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
-------------	--------------------------------------

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

<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
--	-------------------------------	---------------	-------------

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# PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

1 OF 1

2 FILER NAME

SENSIBLE PAY FOR SA

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 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 (\$)

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	Gift/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 H: 1 of 1	<b>2</b> FILER NAME SENSIBLE PAY FOR SA	<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
--	-------------------------------	---------------	-------------

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# 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: 1 of 1	<b>2</b> FILER NAME SENSIBLE PAY FOR SA	<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>	<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 (\$)	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 (\$)	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 (\$)	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.)
-------------------------------	--	--

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# 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: SENSIBLE PAY FOR SA 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	

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: **1 OF 1**

2 FILER NAME: **SENSIBLE PAY FOR SA**

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule G     Schedule H     Schedule COH-UC     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:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule G     Schedule H     Schedule COH-UC     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:

- Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule G     Schedule H     Schedule COH-UC     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)

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**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

*SENSIBLE PAY FOR SA*

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.

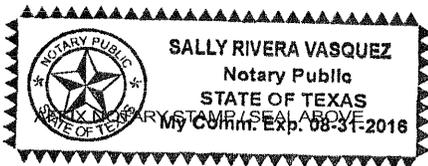
*Ray E Berend*

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL  
COMMITTEE IS TO BE DISSOLVED**

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Sworn to and subscribed before me, by the said RAY E. BEREND, this the 15 day of JULY, 20 15, to certify which, witness my hand and seal of office.

*Sally Rivera Vasquez*

Signature of officer administering oath

SALLY RIVERA VASQUEZ

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath