



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Workers Defense in Action PAC
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* PO Box 140402 Apartment or Suite Number City* Austin State* TX Zip Code* 78714
3 COMMITTEE TREASURER NAME (if applicable)	Title Mr First Name Louis Middle Initial Last Name Malfaro Suffix
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box PO Box 140402 Apartment or Suite Number City Austin State TX Zip Code 78714
5 REPORT DATE	Date Filed (yyyymmdd)* 20161021

* Indicates a required field



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6 AFFIDAVIT

I swear or affirm upon penalty of perjury that each direct campaign expenditure was made without prior consent, cooperation, strategic communication, consultation, or sharing of material information regarding the communication's content, intended audience, timing, or method of dissemination between an affected candidate, the candidate's campaign staff, the candidate's campaign committee, or an agent or employee of the candidate or the committee, and the person making the expenditure, or that person's agent or employee.

I further swear that this Report of Direct Campaign Expenditures filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-32.

DATE: 10/21/16

Emily Renner

AFFIANT'S SIGNATURE

Emily R Timms

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

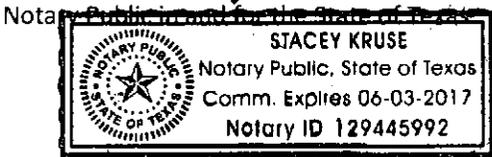
This instrument was acknowledged, sworn to and subscribed before me by

Emily Renner

On the 21 day of October, 2016, to certify which witness my hand and official seal.

Stacey Kruse

STACEY KRUSE



Notary Public, State of Texas
Typed or Printed Name of Notary



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Expenditure

Itemize each direct campaign expenditure in Sections 1-4.
For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input checked="" type="checkbox"/> Payee is an individual	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">Payee Title</td> <td style="width:75%; border-bottom: 1px solid black;">Payee First Name*</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Sunil</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Organization Name or Payee Last Name, as applicable*</td> <td style="border-bottom: 1px solid black;">Payee Suffix</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Joseph</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Payee Title	Payee First Name*		Sunil	Organization Name or Payee Last Name, as applicable*	Payee Suffix	Joseph	
Payee Title	Payee First Name*								
	Sunil								
Organization Name or Payee Last Name, as applicable*	Payee Suffix								
Joseph									
2 PAYEE ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Payee Address/ PO Box*</td> <td style="width:40%; border-bottom: 1px solid black;">Payee Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">205 W. 55th Street</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Payee City*</td> <td style="border-bottom: 1px solid black;">Payee State* Payee Zip Code*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Austin</td> <td style="border-bottom: 1px solid black;">TX 78751</td> </tr> </table>	Payee Address/ PO Box*	Payee Apartment or Suite Number	205 W. 55th Street		Payee City*	Payee State* Payee Zip Code*	Austin	TX 78751
Payee Address/ PO Box*	Payee Apartment or Suite Number								
205 W. 55th Street									
Payee City*	Payee State* Payee Zip Code*								
Austin	TX 78751								
3 EXPENDITURE DETAILS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Category*</td> <td style="width:40%; border-bottom: 1px solid black;">(\$) Expenditure Amount*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Salaries/Wages/Contract labor</td> <td style="border-bottom: 1px solid black;">\$796.91</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Description (If Category is "Other")</td> <td style="border-bottom: 1px solid black;">Expenditure Date*</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">20161019</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Salaries/Wages/Contract labor	\$796.91	Description (If Category is "Other")	Expenditure Date*		20161019
Category*	(\$) Expenditure Amount*								
Salaries/Wages/Contract labor	\$796.91								
Description (If Category is "Other")	Expenditure Date*								
	20161019								

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar	Greg	City Council D4	City Council D4
Pool	Leslie	City Council D7	City Council D7



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Contribution

Effective September 1, 2016 information related to contributions must be reported if the individual or organization making a direct campaign expenditure has accepted a contribution.

For each contributor who made one or more contributions in an aggregate amount of \$500 or more after August 31, 2016, that have not previously been reported, the following information must be provided for each accepted contribution.

Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Maria"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Arrellano"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="10111 Quail Hutch"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78758"/> Contributor Employer* Contributor Occupation* <input type="text" value="Unknown"/> <input type="text" value="Unknown"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161019"/> <input type="text" value="\$40.00"/>



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*
	<input checked="" type="checkbox"/> Contributor is an individual		Shannon
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		Stott Sosa	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
		1008 Red Cliff Dr	
		Contributor City*	Contributor State* Contributor Zip Code*
		Austin	TX 78758
		Contributor Employer*	Contributor Occupation*
		Unknown	Unknown
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		20161019	\$15.00



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual		Smoot	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Monica & Robert		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		3033 Thrushwood Dr.		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78757
		Contributor Employer*	Contributor Occupation*	
		Unknown	Unknown	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20161019		\$25.00



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Texas Association of Consumer Lawyers PAC"/>						
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1220 Colorado Street"/>	Contributor Apartment or Suite Number <input type="text" value="Suite 200"/>	Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>	Contributor Zip Code* <input type="text" value="78701"/>	Contributor Employer* <input type="text" value="Texas Association of Consumer Lawyers PAC"/>	Contributor Occupation* <input type="text" value="Lawyer"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161019"/>		(\$) Contribution Amount* <input type="text" value="\$15,000.00"/>				



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*
		<input type="text"/>	<input type="text" value="Healer"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		<input type="text" value="Virginia & Mike"/>	<input type="text"/>
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
		<input type="text" value="10205 Sun Hill Dr"/>	<input type="text"/>
		Contributor City*	Contributor State* Contributor Zip Code*
		<input type="text" value="Austin"/>	<input type="text" value="TX"/> <input type="text" value="78758"/>
		Contributor Employer*	Contributor Occupation*
		<input type="text" value="Unknown"/>	<input type="text" value="Unknown"/>
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		<input type="text" value="20161019"/>	<input type="text" value="\$18.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Juan"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Puente"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="9901 Parkfield Dr."/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78758"/> Contributor Employer* Contributor Occupation* <input type="text" value="Unknown"/> <input type="text" value="Unknown"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161019"/> <input type="text" value="\$60.00"/>



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1	CONTRIBUTOR NAME	<input type="checkbox"/> Contributor is an individual Organization Name or Contributor Last Name, as applicable* <input type="text" value="AFSCME PEOPLE"/>	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1625 L Street NW"/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Washington"/>	Contributor State* Contributor Zip Code* <input type="text" value="DC"/> <input type="text" value="20036"/>
		Contributor Employer* <input type="text" value="AFSCME"/>	Contributor Occupation* <input type="text" value="AFSCME"/>
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161019"/>	(\$) Contribution Amount* <input type="text" value="\$45,000.00"/>

[Add Another Contribution Page](#)