



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

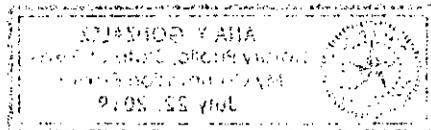
Office Use Only

AUSTIN CITY CLERK  
RECEIVED

2016 OCT 27 PM 4 50

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	<b>Committee or Organization Name*</b> Workers Defense in Action PAC
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	<b>Address/ PO Box*</b> <b>Apartment or Suite Number</b> PO Box 140402  <b>City*</b> <b>State*</b> <b>Zip Code*</b> Austin      TX      78714
<b>3</b>  <b>COMMITTEE TREASURER NAME (if applicable)</b>	<b>Title</b> <b>First Name</b> <b>Middle Initial</b> Mr.      Louis  <b>Last Name</b> <b>Suffix</b> Malfaro
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS (if applicable)</b>	<b>Address/ PO Box</b> <b>Apartment or Suite Number</b>   <b>City</b> <b>State</b> <b>Zip Code</b>   
<b>5</b>  <b>REPORT DATE</b>	<b>Date Filed (yyyymmdd)*</b> 20161027

\* 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: 10/27/16

Emily R Timm

AFFIANT'S SIGNATURE

Emily R Timm

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Emily Timm

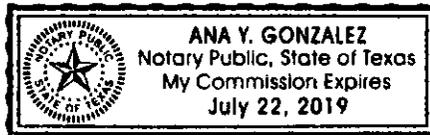
On the 27<sup>th</sup> day of October, 2016, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Ana Y. Gonzalez

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.

<b>1</b>	<b>PAYEE NAME</b>  <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* <input style="width:100%;" type="text" value="United States Postal Service"/>		
<b>2</b>	<b>PAYEE ADDRESS</b>	Payee Address/ PO Box* <input style="width:100%;" type="text" value="8225 Cross Park Drive"/>  Payee City* <input style="width:100%;" type="text" value="Austin"/>	Payee Apartment or Suite Number <input style="width:100%;" type="text"/>  Payee State* <input style="width:100%;" type="text" value="TX"/>	Payee Zip Code* <input style="width:100%;" type="text" value="78710"/>
<b>3</b>	<b>EXPENDITURE DETAILS</b>	Category* <input style="width:100%;" type="text" value="Other (use Description field)"/>  Description (If Category is "Other") <input style="width:100%;" type="text" value="Postage"/>	(\$) Expenditure Amount* <input style="width:100%;" type="text" value="\$200.00"/>  Expenditure Date* <input style="width:100%;" type="text" value="20161022"/>	

<b>4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable</b>			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Garza	Delia	District 2	District 2
Casar	Greg	District 4	District 4
Flannigan	Jimmy	District 6	
Pool	Leslie	District 7	District 7

[Add Another Expenditure Page](#)



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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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Anonymous"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Donor"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="12204 Midland Walk"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78727"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Unknown"/> <input type="text" value="Unknown"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161025"/> <input type="text" value="\$10.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*		
		<input type="text"/>	<input type="text" value="Robert &amp; Ann"/>		
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="Glenn"/>		<input type="text"/>	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		<input type="text" value="12100 Hispania Court"/>		<input type="text"/>	
		Contributor City*		Contributor State*	Contributor Zip Code*
		<input type="text" value="Austin"/>		<input type="text" value="TX"/>	<input type="text" value="78727"/>
		Contributor Employer*		Contributor Occupation*	
		<input type="text" value="Unknown"/>		<input type="text" value="Unknown"/>	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*			(\$) Contribution Amount*
		<input type="text" value="20161025"/>			<input type="text" value="\$25.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Joseph"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Johnston"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="5319 Bull Run"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78727"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Unknown"/> <input type="text" value="Unknown"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161025"/> <input type="text" value="\$6.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*		
	<input checked="" type="checkbox"/> Contributor is an individual		Hal		
		Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		Jennings			
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		5327 Bull Run			
		Contributor City*		Contributor State* Contributor Zip Code*	
		Austin		TX 78727	
		Contributor Employer*		Contributor Occupation*	
		Unknown		Unknown	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
		20161025		\$40.00	



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Thomas"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Hollingsworth"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="4039 Zuni 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="78759"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Unknown"/> <input type="text" value="Unknown"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161025"/> <input type="text" value="\$10.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Dany"/>
	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Doze"/> Contributor Suffix <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="11713 Santa Cruz"/> Contributor Apartment or Suite Number <input type="text"/> Contributor City* <input type="text" value="Austin"/> Contributor State* <input type="text" value="TX"/> Contributor Zip Code* <input type="text" value="78759"/> Contributor Employer* <input type="text" value="Unknown"/> Contributor Occupation* <input type="text" value="Unknown"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20161025"/> (\$) Contribution Amount* <input type="text" value="\$10.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Michale J &amp; Y. Valerie Pena"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Miele"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="11712 Spotted Horse 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="78759"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Unknown"/> <input type="text" value="Unknown"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20161025"/> <input type="text" value="\$20.00"/>

[Add Another Contribution Page](#)