



Report Of Direct Campaign Expenditures: Schedule ATX.1

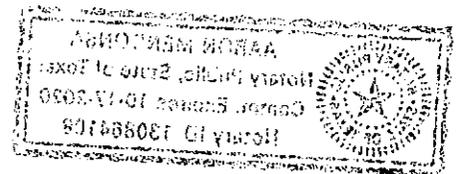
(Previously Independent Expenditures not by a Candidate)

Office Use Only

<p>1</p> <p>INDIVIDUAL OR ORGANIZATION NAME</p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p><i>Austin Independent Public Safety Fund</i></p>
<p>2</p> <p>INDIVIDUAL OR ORGANIZATION ADDRESS</p>	<p>Address/ PO Box* <i>7537 Comstock Rd</i></p> <p>Apartment or Suite Number</p> <p>City* <i>Austin</i> State* <i>TX</i> Zip Code* <i>78752</i></p>
<p>3</p> <p>COMMITTEE TREASURER NAME (if applicable)</p>	<p>Title First Name Middle Initial</p> <p><i>Greg</i></p> <p>Last Name Suffix</p> <p><i>Toppe</i></p>
<p>4</p> <p>COMMITTEE TREASURER ADDRESS (if applicable)</p>	<p>Address/ PO Box Apartment or Suite Number</p> <p>City State Zip Code</p>
<p>5</p> <p>REPORT DATE</p>	<p>Date Filed (yyyymmdd)*</p> <p><i>20161031</i></p>

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 AUSTIN CITY CLERK

* Indicates a required field





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(Previously Independent Expenditures not by a Candidate)

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: 11/1/16

[Signature]
AFFIANT'S SIGNATURE

Premal Amin
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

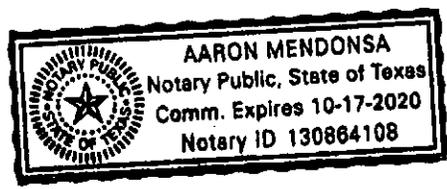
On the 01 day of November, 2016, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Aaron Mendonsa

Typed or Printed Name of Notary





Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1 PAYEE NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Payee Last Name as applicable* <div style="border: 1px solid black; padding: 2px;">Everest Marketing</div>										
2 PAYEE ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Payee Address / PO Box*</td> <td style="border-bottom: 1px solid black; width: 40%;">Payee Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">1808 Grandstand</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 40%;">Payee City*</td> <td style="border-bottom: 1px solid black; width: 20%;">Payee State*</td> <td style="border-bottom: 1px solid black; width: 40%;">Payee Zip Code*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">San Antonio</td> <td style="border-bottom: 1px solid black;">TX</td> <td style="border-bottom: 1px solid black;">78238</td> </tr> </table>	Payee Address / PO Box*	Payee Apartment or Suite Number	1808 Grandstand		Payee City*	Payee State*	Payee Zip Code*	San Antonio	TX	78238
Payee Address / PO Box*	Payee Apartment or Suite Number										
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Category*	(\$) Expenditure Amount*										
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	20161011										

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)
Zimmerman	Don	6	City Council

Add Another Expenditure Page



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(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

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Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Pool	Leslie	5	City Council

Add Another Expenditure Page



Report of Direct Campaign Expenditures: Schedule ATX.1

(Previously "Independent Expenditures not by a Candidate")

Expenditure

Itemize each expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" below.

1	<p style="text-align: center;">PAYEE NAME</p> <p><input type="checkbox"/> Contributor is an individual</p> <p>Organization Name or Payee Last Name as applicable* <div style="border: 1px solid black; padding: 2px;">Everest Marketing</div> </p>										
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Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Gallo	Sheri	10	City Council

Add Another Expenditure Page.



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(Previously "Independent Expenditures not by a Candidate")

Expenditure

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Casar	Greg	4	City Council

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Garza	Delia	2	City Council

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.

<p>1</p> <p>CONTRIBUTOR NAME</p> <p><input type="checkbox"/> Contributor is an individual</p>	<p>Organization Name or Contributor Last Name as applicable*</p> <p>RECA-GOOD Government PAC</p>
<p>2</p> <p>CONTRIBUTOR ADDRESS AND EMPLOYER</p>	<p>Contributor Address / PO Box* Contributor Apartment or Suite Number</p> <p>98 San Jacinto Blvd. Suite 510</p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p>Austin TX 78701</p> <p>Contributor Employer* Contributor Occupation*</p> <p> </p>
<p>3</p> <p>CONTRIBUTION DETAILS</p>	<p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p>20161027 6500</p>

[Add Another Contribution Page](#)



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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="Home PAC Corporate"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* <input type="text" value="8140 Echange Dr."/> 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="78754"/> Contributor Employer* <input type="text"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20161027"/> (\$) Contribution Amount* <input type="text" value="100"/>

[Add Another Contribution Page](#)