



Pre-Election Report Political Committees Form ATX.7PAC

☐ Office Use Only

AUSTIN CITY CLERK
RECEIVED
2016 NOV 2 PM 2 08

Use this form to report contributions received and expenditures made between the 9th day before the Election and the day before the Election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Political Committees Instruction Guide**

1 COMMITTEE NAME	Committee Name* Honest Transportation Solutions		
2 COMMITTEE ADDRESS	Address/ PO Box 10001 Jupiter Hills Dr.		Apartment or Suite Number
	City Austin	State TX	Zip Code 78747
3 COMMITTEE TREASURER NAME	Title 	First Name Kathy	Middle Initial M
	Nickname 	Last Name Pillmore	Suffix
4 COMMITTEE TREASURER ADDRESS	Address/ PO Box 10001 Jupiter Hills Drive		Apartment or Suite Number
	City Austin	State TX	Zip Code 78747
5 REPORTING PERIOD	Start Date (yyyymmdd)* 20161030	THROUGH	End Date (yyyymmdd)* 20161108

* Indicates a required field



**Pre-Election Report
Political Committees
Form ATX.7PAC**


AUSTIN CITY CLERK
RECEIVED

2016 NOV 2 PM 1 02

<p>6</p> <p>SCHEDULES ATTACHED</p> <p><i>Check box for each form attached</i></p>	<p><input type="checkbox"/> Schedule ATX.7A - Pre-Election Report of Contributions</p> <p><input checked="" type="checkbox"/> Schedule ATX.7F - Pre-Election Report of Expenditures</p>
--	---

AFFIDAVIT

By signature below, I certify that the Pre-Election Report 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 2-2-29 for the reporting period indicated.


Signature of Affiant



Pre-Election Report of Expenditures: Schedule ATX.7F

(Attach to Form ATX.7PAC Coversheet)

Expenditure

Itemize each expenditure in Sections 1-3.

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

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1	PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable* KC Strategies		
2	PAYEE ADDRESS	Payee Address/ PO Box* 3571 Far West Blvd	Payee Apartment or Suite Number #196	
		Payee City* Austin	Payee State* TX	Payee Zip Code* 78731
3	EXPENDITURE DETAILS	Category* Consulting Expense	(\$) Expenditure Amount* \$761,167.83	
		Description (If Category is "Other")	Expenditure Date*	

Add Another Expenditure Page