1	Committee or Organization Name*		
INDIVIDUAL	Trays County Democratic	Party	2016
OR ORGANIZATION		1	AUSTIN RE 6 NOU
NAME Filer is an individual	·		AUSTIN CITY CLERK RECEIVED 6 NOV 2 PM 3 2
		•) 3 21
2 INDIVIDUAL OR	Address/ PO Box*	Apartment or S	uite Number
ORGANIZATION	POBOX 684263		
ADDRESS	City*	State*	Zip Code*
ADDITESS	Austin	TL	78768
3 COMMITTEE TREASURER	Title First Name		Middle Initial
NAME	HON Vincent		
(if applicable)	Last Name	Suffix	
	HardING		
4	Address/ PO Box	Apartment or S	uite Number
COMMITTEE TREASURER	N		
ADDRESS	City	State	Zip Code
(if applicable)	A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5 REPORT DATE	Date Filed (yyyymmdd)*		50 - 1 2 1
	2016/11/02		

^{*} Indicates a required field



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: Mounter 2, 2016

AFFIANT'S SIGNATURE

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

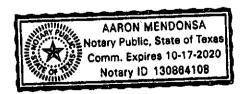
This instrument was acknowledged, sworn to and subscribed before me by

Cantina

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

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Cavanaugh	Payee First Name* Peter Name or Payee Last Name as applic	cable* Payee Suffix	
PAYEE ADDRESS	Payee Addre 304 E 7th S Payee City*		Payee Apartment or Su Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	(\$) Expenditure Amour \$159.25 Expenditure Date (yyy) 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed	by the above expenditure,	as applicable.
Candidate Last Name or Ballo Supported/Opposed		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Alter		Alison	District 10	
Flannigan		Jimmy	District 6	
Prop 1 Support				
Casar		Greg	District 4	

Add Another Expenditure Page

Expenditures: Page 1 of

5V



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME X Contributor is an individual	Payee Title Organization Shaholli	Payee First Name* Ardian Name or Payee Last Name as applicable	* Payee Suffix	
PAYEE ADDRESS	Payee Addres 801 W 24th Payee City* Austin		Payee Apartment or Suit	Payee Zip Code* 78705-4753
EXPENDITURE DETAILS	<u> </u>	ges/Contract labor If Category is "Other")	(\$) Expenditure Amount \$365.20 Expenditure Date (yyyyr 20161101	
4 Identify each candidate	or ballot m	easure 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)
Prop 1 Support				
Casar		Greg	District 4	
Alter		Alison	District 10	
Flannigan		Jimmy	District 6	



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

PAYEE NAME X Contributor is an individual	Payee Title Organization Shreder	Payee First Name* Scott Name or Payee Last Name as applications	able* Payee Suff	ix
PAYEE ADDRESS	Payee Addre 9807 N Fm Payee City* Austin	ess / PO Box* 620 Rd	Payee Apartment or S Payee State* TX	Payee Zip Code* 78726-2266
3 EXPENDITURE DETAILS		ages/Contract labor (If Category is "Other")	(\$) Expenditure Amor \$231.50 Expenditure Date (yy 20161101	
<u> </u>		easure supported or opposed Candidate First Name	<u> </u>	
	Candidate Last Name or Ballot Measure Supported/Opposed*		Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	
Prop 1 Support				
Casar		Greg	District 4	
Alter		Alison	District 10	



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Wright	Payee First Name* Alexander Name or Payee Last Name as applicable	* Payee Suffix	
2 PAYEE ADDRESS	Payee Addres 803 Tirado Payee City* Austin		Payee Apartment or Suit Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	(\$) Expenditure Amount* \$915.16 Expenditure Date (yyyymmdd)* 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure, a	as applicable.
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	
Casar		Greg	District 4	
Prop 1 Support				
Alter		Alison	District 10	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Passman	Payee First Name* Michael Name or Payee Last Name as applicable*	Payee Suffix	
PAYEE ADDRESS	Payee Addre 1411 Come Payee City* Austin		Payee Apartment or Suit Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	(\$) Expenditure Amount \$706.33 Expenditure Date (yyyyn 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed by t	he above expenditure, a	as applicable.
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Prop 1 Support				
Casar		Greg	District 4	
Flannigan		Jimmy	District 6	
Alter ,		Alison	District 10	



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Schuh	Payee First Name* Jeslyn Name or Payee Last Name as applic	able* Payee Suff	ix	
PAYEE ADDRESS	Payee Addre 3014 W Wi Payee City* Austín	ss / PO Box* Iliam Cannon Dr	Payee Apartment or S Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")		\$558.00	Expenditure Date (yyyymmdd)*	
4 Identify each candidate	e or ballot m	easure supported or opposed	by the above expenditure	e, as applicable.	
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Casar		Greg	District 4		
Alter		Alison	District 10		
Prop 1 Support					
Flannigan		Jimmy	District 6		



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Shaffner	Payee First Name* Alicia Name or Payee Last Name as applica	sble* Payee Suf	fix
PAYEE ADDRESS	Payee Addre 202 E Walk Payee City* Temple		Payee Apartment or Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS	Description (ages/Contract labor If Category is "Other")	(\$) Expenditure Amo \$1,001.36 Expenditure Date (yy 20161101	yymmdd)*
4 Identify each candidate Candidate Last Name or Ball Supported/Oppose	ot Measure	easure supported or opposed Candidate First Name (if applicable)	by the above expenditur Office Sought (if applicable)	Office Held (if applicable)
Casar		Greg	District 4	
Alter	-	Alison	District 10	
Prop 1 Support				
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Loomis	Payee First Name* Jerry Name or Payee Last Name as applicable*	Payee Suffix	
PAYEE ADDRESS	Payee Addres 7201 Wood Payee City*			e Number Payee Zip Code* 78731-2525
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")		(\$) Expenditure Amount* \$823.20 Expenditure Date (yyyymmdd)* 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed by t	he above expenditure, a	s applicable.
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Prop 1 Support				
Casar		Greg	District 4	
Alter		Alison	District 10	
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Mireles	Payee First Name* Antonio Name or Payee Last Name as applicable	Payee Suffix	
PAYEE ADDRESS	Payee Addre 3709 Arbor Payee City* Fort Worth		Payee Apartment or Suit Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS		eges/Contract labor If Category is "Other")	(\$) Expenditure Amount \$274.07 Expenditure Date (yyyyr 20161101	
·		easure supported or opposed by Candidate First Name	the above expenditure, a	as applicable. Office Held
Candidate Last Name or Ballot Measure Supported/Opposed*		(if applicable)	(if applicable)	(if applicable)
Casar		Greg	District 4	
Prop 1 Support				
Alter		Alison	District 10	
Flannigan		Jimmy	District 6	



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

PAYEE NAME Contributor is an individual	Payee Title Organization O'Hearn	Payee First Name* William Name or Payee Last Name as applic	able* Payee Suffix		
PAYEE ADDRESS	Payee Addre 1600 Wicke Payee City* Austin		Payee Apartment or Su Payee State* TX	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")		\$424.78	Expenditure Date (yyyymmdd)*	
4 Identify each candidate	e or ballot m	easure supported or opposed	by the above expenditure,	as applicable.	
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Casar		Greg	District 4		
Prop 1 Support					
Flannigan		Jimmy	District 6		
Aiter		Alison	District 10		



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Organization Herrera	Payee First Name* Andrew Name or Payee Last Name as applicab	le* Payee Suffix	
PAYEE ADDRESS	Payee Addre 2500 Unive Payee City* Austin		Payee Apartment or Su Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS		ges/Contract labor If Category is "Other")	(\$) Expenditure Amour \$92.32 Expenditure Date (yyy) 20161101	
4 Identify each candidate Candidate Last Name or Ball		easure supported or opposed b	Office Sought	Office Held
Supported/Oppose	d*	(if applicable)	(if applicable)	(if applicable)
Flannigan	,	Jimmy	District 6	
Prop 1 Support				
Casar		Greg	District 4	
Alter		Alison	District 10	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Cox	Payee First Name* Ciera Name or Payee Last Name as applicable	* Payee Suffix	
PAYEE ADDRESS	Payee Addre 3621 W Slat Payee City*		Payee Apartment or Su Payee State* TX	Payee Zip Code* 78749-5929
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	(\$) Expenditure Amoun \$326.42 Expenditure Date (yyyy 20161101	
4 Identify each candidate	or ballot m	easure 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)
Alter		Alison	District 10	
Casar		Greg	District 4	
Prop 1 Support				
Flannigan		Jimmy	District 6	



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

PAYEE NAME Contributor is an individual	Payee Title Organization Hurst	Payee First Name* Kimberly Name or Payee Last Name as applica	ble* Payee Suff	ix
2 PAYEE ADDRESS	Payee Addre 8528 Parth Payee City* Universal C	enon Pl.	Payee Apartment or S Payee State* TX	Payee Zip Code* 78148-2656
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	(\$) Expenditure Amou \$56.66 Expenditure Date (yy) 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed I	by the above expenditure	e, as applicable.
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Prop 1 Support				
Casar		Greg	District 4	
Alter	-	Alison	District 10	
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Jumeau	Payee First Name* Alexandre Name or Payee Last Name as applications	able* Payee Suffi	×
PAYEE ADDRESS	Payee Addre 811 E 11th Payee City* Austin		Payee Apartment or S Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS	Description (ages/Contract labor If Category is "Other")	(\$) Expenditure Amou \$780.59 Expenditure Date (yyy 20161101	rymmdd)*
Candidate Last Name or Ball	ot Measure	easure supported or opposed Candidate First Name	Office Sought	Office Held
Supported/Oppose Flannigan	d* 	(if applicable)	(if applicable) District 6	(if applicable)
Casar		Greg	District 4	
Alter		Alison	District 10	
Prop 1 Support				



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Gopalakrish	Payee First Name* Sruti Name or Payee Last Name as applicable	* Payee Suffix	
2 PAYEE ADDRESS	Payee Addre 2700 Nuece Payee City* Austin		Payee Apartment or Su Payee State*	Payee Zip Code* 78705-4065
3 EXPENDITURE DETAILS	<u> </u>	ages/Contract labor If Category is "Other")	(\$) Expenditure Amoun \$87.16 Expenditure Date (yyyy 20161101	
4 Identify each candidate	or ballot m	easure 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)
Alter	·	Alison	District 10	
Prop 1 Support				
Casar		Greg	District 4	
Flannigan		Jimmy .	District 6	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual		Payee First Name* Charlotte Name or Payee Last Name as applica	ble* Payee Su	ffix	
C sommerous or management	Gorman				
2 PAYEE	Payee Addre		Payee Apartment or	r Suite Number	
ADDRESS	Payee City* Austin		Payee State*	Payee Zip Code* 78721-1542	
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")		(\$) Expenditure Amount* \$236.77 Expenditure Date (yyyymmdd)* 20161101		
<u> </u>		easure supported or opposed	· · · · · · · · · · · · · · · · · · ·		
Candidate Last Name or Bal Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Casar		Greg	District 4	_	
Prop 1 Support					
Alter	 	Alison	District 10		
Flannigan		Jimmy	District 6		

Add Another Expenditure Page

Expenditures: Page 16 of 44



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Guajardo	Payee First Name* Marco Name or Payee Last Name as applicable	* Payee Suffix	
PAYEE ADDRESS	Payee Addre 408 W 17th Payee City*		Payee Apartment or Su Payee State* TX	Payee Zip Code* 78701-1242
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other") Expenditure 2016110:			
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure,	as applicable.
Candidate Last Name or Balli Supported/Opposed		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar		Greg	District 4	
Alter		Alison	District 10	
Prop 1 Support				
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Chavez	Payee First Name* Carlos Name or Payee Last Name as applicable	* Payee Suffix	
2 PAYEE ADDRESS	Payee Addres 201 E 21st S Payee City* Austin		Payee Apartment or Sui Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	<u> </u>	iges/Contract labor If Category is "Other")	(\$) Expenditure Amount \$342.50 Expenditure Date (yyyyr 20161101	
4 Identify each candidate	or ballot me	easure 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)
Prop 1 Support				
Flannigan		Jimmy	District 6	
Casar		Greg	District 4	
Alter		Alison	District 10	

Add Another Expenditure Page

Expenditures: Page 18 of 44



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Clifton	Payee First Name* Denzel Name or Payee Last Name as applica	ible*Payee Suffi:	×
PAYEE ADDRESS	Payee Addre 603 Newho		Payee Apartment or S	uite Number Payee Zip Code*
	Cameron		TX	76520-2343
3 EXPENDITURE DETAILS	ļ <u> </u>	nges/Contract labor	(\$) Expenditure Amou \$899.39 Expenditure Date (yyy 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed	by the above expenditure	, as applicable.
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar	-	Greg	District 4	
Alter		Alison	District 10	
Prop 1 Support				
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME	Payee Title	'Payee First Name* William		
Contributor is an individual	Organization Davies	Name or Payee Last Name as applicable	e* Payee Suffix	
2 PAYEE	Payee Addre		Payee Apartment or Suit	te Number
ADDRESS	Payee City* Austin		Payee State*	Payee Zip Code* 78756-1957
3 EXPENDITURE DETAILS	 	nges/Contract labor If Category is "Other")	(\$) Expenditure Amount \$64.35 Expenditure Date (yyyyr 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure, a	as applicable.
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	
Prop 1 Support	_			
Casar		Greg	District 4	
Alter		Alison	District 10	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Organization Bell	Payee First Name* Brittny Name or Payee Last Name as applica	able* Payee Suffix	ζ
PAYEE ADDRESS	Payee Addre 7601 Daffar Payee City* Austin		Payee Apartment or St Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS		nges/Contract labor If Category is "Other")	(\$) Expenditure Amount \$45.02 Expenditure Date (yyy) 20161101	
<u> </u>		easure supported or opposed		T
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar		Greg	District 4	
Alter		Alison	District 10	
Prop 1 Support				
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Brogan	Payee First Name* Patrick Name or Payee Last Name as applicable	* Payee Suffix	
PAYEE ADDRESS	Payee Addres 6407 Spring Payee City*		Payee Apartment or Su	Payee Zip Code*
	Austin		TX	78723-3824
3 EXPENDITURE DETAILS]	ges/Contract labor If Category is "Other")	(\$) Expenditure Amour \$254.64 Expenditure Date (yyyy 20161101	
4 Identify each candidate	or ballot me	easure supported or opposed by	the above expenditure,	as applicable.
Candidate Last Name or Ball Supported/Opposed		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	
Casar		Greg	District 4	
Prop 1 Support		·		
Alter		Alison	District 10	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Davis	Payee First Name* Emily Name or Payee Last Name as applicable	* Payee Suffix	
PAYEE ADDRESS	Payee Addre 1905 Nuece Payee City* Austin		Payee Apartment or Suit Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS 4 Identify each candidate	Description (ages/Contract labor If Category is "Other") easure supported or opposed by	(\$) Expenditure Amount \$218.03 Expenditure Date (yyyyn 20161101)	nmdd)*
Candidate Last Name or Ball Supported/Oppose	ot Measure	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar		Greg	District 4	
Prop 1 Support				
Alter		Alison	District 10	
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Carmona	Payee First Name* Joshua Name or Payee Last Name as applica	ble* Payee Suffix	
PAYEE ADDRESS	Payee Addre 1515 Wicke Payee City* Austin		Payee Apartment or Su Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	(\$) Expenditure Amour \$593.96 Expenditure Date (yyyy 20161101	
4 Identify each candidate	te or ballot m	easure supported or opposed l	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)
Flannigan		Jimmy	District 6	
Alter		Alison	District 10	
Prop 1 Support				
Casar		Greg	District 4	



Itemize each expenditure in Sections 1-4.

1

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

PAYEE NAME	Payee Title	Payee First Name* Starasia		
Contributor is an individual	Organization Abraham	Name or Payee Last Name as applicable	* Payee Suffix	
PAYEE ADDRESS	Payee Addre 3621 W Slad Payee City* Austin		Payee Apartment or Su Payee State*	Payee Zip Code* 78749-5929
3 EXPENDITURE DETAILS		nges/Contract labor If Category is "Other")	(\$) Expenditure Amount* \$326.42 Expenditure Date (yyyymmdd)* 20161101	
4 Identify each candidate	or ballot me	easure 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	District 4	·
Prop 1 Support	· 			
Alter		Alison	District 10	
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Bell	Payee First Name* Lachante Name or Payee Last Name as applicable	e* Payee Suffix	
PAYEE ADDRESS	Payee Address 1322 Laman Payee City* Austin	•	Payee Apartment or Suit Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other") Expenditure Date (yyyymmdd)* 20161101			
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure,	as applicable.
Candidate Last Name or Ballo Supported/Opposed		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Alter		Alison	District 10	
Flannigan		Jimmy	District 6	
Casar		Greg	District 4	
Prop 1 Support				



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Brisena	Payee First Name* Josette Name or Payee Last Name as applicable	.* Payee Suffix	
PAYEE ADDRESS	Payee Addre 5319 Jeff Do Payee City* Austin		Payee Apartment or Su Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other") Expenditure Date (yyyymmdd)* 20161101			
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure,	as applicable.
Candidate Last Name or Balli Supported/Opposed		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	
Prop 1 Support				
Casar		Greg	District 4	
Alter		Alison	District 10	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Morrison	Payee First Name* Liam Name or Payee Last Name as applica	ible* Payee Suffix	
PAYEE ADDRESS	Payee Addre 5804 Breez Payee City*		Payee Apartment or Su Payee State* TX	Payee Zip Code* 78745-4088
EXPENDITURE DETAILS 4 Identify each candidat	Description (ages/Contract labor (If Category is "Other") easure supported or opposed	(\$) Expenditure Amount \$130.05 Expenditure Date (yyyy 20161101	mmdd)*
Candidate Last Name or Bal Supported/Oppose	lot Measure	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Alter		Alison	District 10	
Prop 1 Support				
Flannigan		Jimmy	District 6	
Casar		Greg	District 4	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Perkins-Sm	Payee First Name* Kimberly Name or Payee Last Name as applith	licable* Payee Suffi	x	
PAYEE ADDRESS	Payee Addre 1815 E 4th Payee City* Austin		Payee Apartment or S Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	\$222.10	Expenditure Date (yyyymmdd)*	
4 Identify each candidate	or ballot m	easure supported or oppose	d by the above expenditure	, as applicable.	
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Flannigan		Jimmy	District 6		
Prop 1 Support					
Casar		Greg	District 4		
Alter		Alison	District 10		



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Redlin	Payee First Name* Kathleen Name or Payee Last Name as applic	able* Payee Suf	fix
PAYEE ADDRESS	Payee Addre 1704 Nelms Payee City* Austin		Payee Apartment or Payee State*	Suite Number Payee Zip Code* 78744-4249
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")		(\$) Expenditure Amount* \$215.09 Expenditure Date (yyyymmdd)* 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed	by the above expenditur	e, as applicable.
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	
Prop 1 Support				
Alter		Alison	District 10	
Casar		Greg	District 4	



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Simpson	Payee First Name* Ryan Name or Payee Last Name as applicable	* Payee Suffix	·
PAYEE ADDRESS	Payee Addre 4411 Spices Payee City* Austin	ss / PO Box* wood Springs Rd	Payee Apartment or Suit Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS		nges/Contract labor If Category is "Other")	(\$) Expenditure Amount* \$72.04 Expenditure Date (yyyymmdd)* 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure, a	as applicable.
Candidate Last Name or Ballo Supported/Opposed		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar	,	Greg	District 4	
Prop 1 Support				
Flannigan		Jimmy	District 6	
Alter		Alison	District 10	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Theone	Payee First Name* Jennifer Name or Payee Last Name as applic	able* Payee Suffix	
PAYEE ADDRESS	Payee Addre 4300 Moun Payee City* Austin	ss / PO Box* at Vernon Dr	Payee Apartment or Su Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other") Expenditure Amount* \$237.23 Expenditure Date (yyyymmdd)* 20161101			
4 Identify each candidate	or ballot m	easure 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)
Alter		Alison	District 10	
Casar		Greg	District 4	
Prop 1 Support				
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

PAYEE NAME Contributor is an individual	Payee Title Organization Wallace	Payee First Name* John Name or Payee Last Name as applica	ible* Payee Suffix	
PAYEE ADDRESS		ess / PO Box* Hills Trl., #1042	Payee Apartment or Sui Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Description	ages/Contract labor (If Category is "Other")	(\$) Expenditure Amount \$249.12 Expenditure Date (yyyy) 20161101	mmdd)*
4 Identify each candida Candidate Last Name or B. Supported/Oppo	allot Measure	easure supported or opposed Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	(1. application)
Casar		Greg	District 4	
Alter		Alison	District 10	
Prop 1 Support				



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Davis	Payee First Name* Freddie Name or Payee Last Name as applicab	le* Payee Suffi	x
PAYEE ADDRESS	Payee Addre 500 E 7th St Payee City*		Payee Apartment or S Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS	 	ages/Contract labor If Category is "Other")	(\$) Expenditure Amou \$162.08 Expenditure Date (yyy 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed b	y the above expenditure	, as applicable.
Candidate Last Name or Ballo Supported/Opposed		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar		Greg	District 4	
Alter		Alison	District 10	
Flannigan		Jimmy	District 6	
Prop 1 Support				



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Childress	Payee First Name* Candice Name or Payee Last Name as applic	able* Payee Suff	ix	
2 PAYEE ADDRESS	Payee Addre 911 Redlaw Payee City* Leander		Payee Apartment or S Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	(\$) Expenditure Amount* \$264.12 Expenditure Date (yyyymmdd)* 20161101		
4 Identify each candidate	e or ballot m	easure supported or opposed	by the above expenditure	e, 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	District 4		
Prop 1 Support					
Alter		Alison	District 10		
Flannigan		Jimmy	District 6		



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Organization Handley	Payee First Name* Willliam Name or Payee Last Name as applicable	* Payee Suffix			
PAYEE ADDRESS	Payee Addres 5 Inwood Ci Payee City* Austin		Payee Apartment or Suit Payee State*	Payee Zip Code* 78746-4643		
3 EXPENDITURE DETAILS	L	iges/Contract labor If Category is "Other")	\$204.10	Expenditure Date (yyyymmdd)*		
4 Identify each candidate	or ballot m	easure supported or opposed by	the above expenditure, a	as applicable.		
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)		
Alter		Alison	District 10			
Flannigan		Jimmy	District 6			
Prop 1 Support						
Casar		Greg	District 4	,		



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Hardin	Payee First Name* William Name or Payee Last Name as applica	ole* Payee Suffix		
PAYEE ADDRESS	Payee Addre 500 E 7th S Payee City* Austin	ess / PO Box* it	Payee Apartment or S Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS		ages/Contract labor (If Category is "Other")	(\$) Expenditure Amount* \$297.13 Expenditure Date (yyyymmdd)* 20161101		
4 Identify each candida	te or ballot m	easure supported or opposed	by the above expenditure	e, as applicable.	
Candidate Last Name or Ballot Measure Supported/Opposed*		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)	
Alter		Alison	District 10		
Prop 1 Support					
Casar		Greg	District 4		
Flannigan		Jimmy	District 6		



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Hernandez	Payee First Name* Nina Name or Payee Last Name as applic	able* Payee Suffix		
2 PAYEE ADDRESS	Payee Addre 600 W Sain Payee City* Austin		Payee Apartment or So Payee State*	Payee Zip Code*	
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")		(\$) Expenditure Amount* \$274.00 Expenditure Date (yyyymmdd)* 20161101		
4 Identify each candidate	or ballot m	easure 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)	
Prop 1 Support					
Casar	Casar		District 4		
Alter		Alison	District 10		
Flannigan		Jimmy	District 6		



Itemize each expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" belo	For additiona	l expenditures.	click	"Add An-	other Ex	kpenditure	Page"	belo
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PAYEE NAME Contributor is an individual	Payee Title Organization Lopez	Payee First Name* Alexandra Name or Payee Last Name as applicabl	e* Payee Suffi	x
PAYEE ADDRESS	Payee Addre 7209 Benno Payee City* Austin		Payee Apartment or S Payee State* TX	Payee Zip Code*
3 EXPENDITURE DETAILS	Description (ages/Contract labor If Category is "Other")	(\$) Expenditure Amou \$57.63 Expenditure Date (yyy 20161101	ymmdd)*
4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable. Candidate Last Name or Ballot Measure Candidate First Name Office Sought Office Held				
Supported/Opposed*		(if applicable)	(if applicable)	(if applicable)
Prop 1 Support				
Alter		Alison	District 10	
Casar		Greg	District 4	
Flannigan		Jimmy	District 6	



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Mai	Payee First Name* Christine Name or Payee Last Name as applica	ible* Payee Suffi	x
PAYEE ADDRESS	Payee Addre 2605 Whitis Payee City* Austin	***	Payee Apartment or S Payee State* TX	Payee Zip Code* 78705-9001
3 EXPENDITURE DETAILS	Description (nges/Contract labor If Category is "Other")	(\$) Expenditure Amou \$134.59 Expenditure Date (yyy 20161101	/ymmdd)*
4 Identify each candidate Candidate Last Name or Balli		easure supported or opposed Candidate First Name	by the above expenditure Office Sought	e, as applicable. Office Held
Supported/Opposed*		(if applicable)	(if applicable)	(if applicable)
Casar		Greg	District 4	
Flannigan		Jimmy	District 6	
Alter		Alison	District 10	
Prop 1 Support				



Itemize each expenditure in Sections 1-4.

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

1 PAYEE NAME				
Contributor is an individual		Name or Payee Last Name as applica Direct Mail	ble*	
PAYEE ADDRESS	Payee Address / PO Box* 505 W 7th St Payee City* Austin		Payee Apartment or Suite Number Payee State* Payee Zip Code* TX 78701-2827	
3			(\$) Expenditure Amo	
EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")		\$537.07 Expenditure Date (yyyymmdd)*	
			20161101	
4 Identify each candidate	e or ballot m	easure supported or opposed	by the above expenditur	e, as applicable.
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar		Greg	District 4	

Add Another Expenditure Page

Expenditures: Page 40f 58



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Organization Jeff Crosby	Name or Payee Last Name as applicabl Direct Mail	le*	
PAYEE ADDRESS	Payee Addre 505 W 7th 1 Payee City*		Payee Apartment or St	Payee Zip Code*
3 EXPENDITURE DETAILS		ages/Contract labor If Category is "Other")	(\$) Expenditure Amou \$537.07 Expenditure Date (yyy 20161101	
4 Identify each candidate	or ballot m	easure supported or opposed by	y the above expenditure	, as applicable.
Candidate Last Name or Ballo Supported/Opposed		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	

Add Another Expenditure Page

Expenditures: Page 46 53



Itemize each expenditure in Sections 1-4.

For additional expenditures, click "Add Another Expenditure Page" belo	For additional e	xpenditures,	click '	'Add Another	Expenditure	Page"	belov
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1				
PAYEE NAME				
Contributor is an individual	Organization Jeff Crosby	Name or Payee Last Name as applicabl Direct Mail	e*	·
2 PAYEE	Payee Addres		Payee Apartment or S	uite Number
ADDRESS	Payee City* Austin		Payee State*	Payee Zip Code* 78701-2827
3 EXPENDITURE	Category* Salaries/Wages/Contract labor		(\$) Expenditure Amou \$537.07	nt*
DETAILS	Description (If Category is "Other")		Expenditure Date (yyyymmdd)* 20161101	
4 Identify each candidate	e or ballot me	easure supported or opposed by	the above expenditure	, as applicable.
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Prop 1 Support				

Add Another Expenditure Page

Expenditures: Page 15 of 53



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

1				
PAYEE NAME				
Contributor is an individual	Organization Kelly Graph	Name or Payee Last Name as applicable ics	*	
2	Payee Addres		Payee Apartment or S	suite Number
PAYEE ADDRESS	Payee City* Austin		Payee State*	Payee Zip Code* 78746-6215
3 EXPENDITURE DETAILS		ges/Contract labor If Category is "Other")	(\$) Expenditure Amou \$376.25 Expenditure Date (yy	
			20161101	
4 Identify each candidate	or ballot me	easure supported or opposed by	the above expenditure	e, as applicable.
	Candidate Last Name or Ballot Measure Candidate First Name Office Sought (if applicable) (if applicable) (if applicable)			
Prop 1 Support				

Add Another Expenditure Page

Expenditures: Page 46 f 53



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Organization Kelly Graph	Name or Payee Last Name as appli	cable*	
PAYEE ADDRESS	Payee Addre 1409 Quake Payee City* Austin		Payee Apartment or Si Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* Salaries/Wages/Contract labor Description (If Category is "Other")		(\$) Expenditure Amou \$376.25 Expenditure Date (yyy 20161101	
4 Identify each candidate	e or ballot m	easure supported or opposed	d by the above expenditure	
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Alter		Alison	District 10	

Add Another Expenditure Page

Expenditures: Page 47 of 53



Itemize each expenditure in Sections 1-4.

For	additional	expenditures,	click	"Add	Another	Expen	diture	Page"	below.

1				
PAYEE NAME				·
Contributor is an individual	Organization Kelly Graph	Name or Payee Last Name as applica ics	ble*	
2 PAYEE	Payee Addre		Payee Apartment or Si	uite Number
ADDRESS	Payee City* Austin		Payee State*	Payee Zip Code* 78746-6215
3 EXPENDITURE	Category* Salaries/Wa	ages/Contract labor	(\$) Expenditure Amount	nt*
DETAILS	Description (If Category is "Other")		Expenditure Date (yyy	ymmdd)*
4 Identify each candidate	or ballot m	easure supported or opposed I	by the above expenditure	as applicable.
Candidate Last Name or Balli Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Casar		Greg	District 4	

Add Another Expenditure Page

Expenditures: Page 20 of 53



Itemize each expenditure in Sections 1-4.

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

1				
PAYEE NAME				
Contributor is an individu	Organization	n Name or Payee Last Name as applic	able*	
Contributor is an individu	Kelly Graph	nics		
2	Payon Addre	ess / PO Box*	Payee Apartment or S	uite Number
		er Ridge Dr	Tayee Apartment or 3	dic Namber
PAYEE ADDRESS				
ADDITESS	Payee City* Austin		Payee State*	Payee Zip Code* 78746-6215
	Austin		['^	78740-0213
3	Category*		(\$) Expenditure Amou	nt*
		ages/Contract labor	\$376.25	
EXPENDITURE DETAILS	Description	(If Category is "Other")	Expenditure Date (yyy	ymmdd)*
			20161101	
4 Identify each candid	date or ballot m	neasure supported or opposed	by the above expenditure	, as applicable.
Candidate Last Name or Supported/Opp	= -	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	

Add Another Expenditure Page

Expenditures: Page of 53



Itemize each expenditure in Sections 1-4.

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

PAYEE NAME Contributor is an individual	Payee Title Organization Hardin	Payee First Name* William Name or Payee Last Name as applicable	.* Payee Suffix	
PAYEE ADDRESS	Payee Addres 500 E 7th St Payee City* Austin		Payee Apartment or Suil Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS		ges/Contract labor If Category is "Other")	(\$) Expenditure Amount \$297.13 Expenditure Date (yyyyr 20161101	
4 Identify each candidate	or ballot me	easure supported or opposed by	the above expenditure,	as applicable.
Candidate Last Name or Ball Supported/Oppose		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Flannigan		Jimmy	District 6	
Casar		Greg	District 4	
Alter		Alison	District 10	
Prop 1 Support				

Add Another Expenditure Page

Expenditures: Page 5265



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Tamara Organization Name or Contributor Last Name as applical Needles	ble* Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* PO Box 160881 Contributor City* Austin Contributor Employer* Self	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78716-0881 Contributor Occupation* Attorney
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161019	(\$) Contribution Amount* \$600.00
THE STREET WEEKS IN THE WAY	·	

Add Another Contribution Page



7010

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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as appli Judith Zaffirini	cable*
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* PO Box 12068 Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78711-2068 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024	(\$) Contribution Amount* \$5,000.00
Add Another Contribution Page		



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* RS Organization Name or Contributor Last Name as applicable McNally	le* Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 1911 Nueces St Contributor City* Austin Contributor Employer* Self	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78705-5503 Contributor Occupation* Business Services
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161024	(\$) Contribution Amount* \$10,000.00

Contributions: Page 3 of 18

Add Another Contribution Page



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as applical Austin Forward PAC	ble*
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 2408 Manor Rd Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78722-2020 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161027	(\$) Contribution Amount* \$2,500.00
Add Another Contribution Page		



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.

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Organization Name or Contributor Last Name as applicable Jaime Ballesteros	le* Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* PO Box 710 Contributor City* Pflugerville Contributor Employer* Travis County	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78691-0710 Contributor Occupation* Constable
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161028	(\$) Contribution Amount* \$1,000.00
Add Another Contribution Page		

Contributions: Page 5 of 18



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as applical Judge Orlinda Naranjo Campaign Account	ble*
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 1210 Nueces St Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78701-1720 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161028	(\$) Contribution Amount* \$1,000.00
Add Another Contribution Page		



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name : Eddie Rodriguez Campaign	as applicable*
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* PO Box 2436 Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78768-2436 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$4,500.00
Add Another Contribution Page	1	

Contributions: Page 7 of 18



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name a Capitol Area Democratic Women	s applicable*
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* PO Box 12962 Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78711-2962 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$2,000.00
Add Another Contribution Page		



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as David Holmes Campaign	applicable*	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 6142 W Highway 290 Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip TX Contributor Occupation*	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$750.00	

Contributions: Page 9 of 18

Add Another Contribution Page



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as applicab Liberal Austin Democrats	e*
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 8600 N FM 620 #210 Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78726 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$500.00
Add Another Contribution Page	ĺ .	

Contributions: Page 10 of 18



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.

CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name David A. Escamilla Campaign	e as applicable*
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 5703 Spurflower Dr Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78759-7162 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$1,000.00

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1 CONTRIBUTOR		
NAME Contributor is an individual	Organization Name or Contributor Last Name David A. Escamilla Campaign	as applicable*
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 5703 Spurflower Dr Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78759-7162 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$2,500.00
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CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name Sally Hernandez Campaign	as applicable*
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* PO Box 152032 Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78715-2032 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$2,500.00



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making a direct campaign expenditure has accepted a contribution.

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CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as Kimberly Allison Williams Campaign	applicable*	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 307 Bulian Ln Contributor City* Austin Contributor Employer*	Contributor Apartmen Contributor State* TX Contributor Occupatio	Contributor Zip Code* 78746-5418
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amou \$500.00	int*
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CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name as applicable Brad Urrutia for 450th District	ie*
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* PO Box 685008 Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* 78768-5008 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$500.00
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1			
CONTRIBUTOR NAME			
Contributor is an individual	Organization Name or Contributor Last Name Celia Israel Campaign	as applicable*	
2 CONTRIBUTOR ADDRESS	Contributor Address / PO Box* 3604 Carla Dr	Contributor Apartmen	t or Suite Number
AND EMPLOYER	Contributor City* Austin	Contributor State*	Contributor Zip Code* 78754-4920
	Contributor Employer*	Contributor Occupatio	n*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amou \$2,500.00	int*
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CONTRIBUTOR NAME Contributor is an individual	Organization Name or Contributor Last Name Greg Casar Campaign	e as applicable*
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* PO Box 2391 Contributor City* Austin Contributor Employer*	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78768-2391 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$2,000.00

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CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Organization Name or Contributor Last Name as applicable Rosemarie Swanson	le* Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address / PO Box* 3604 Cavitt Ave Contributor City* Bryan Contributor Employer* None	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 77801-4407 Contributor Occupation* Retired
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20161101	(\$) Contribution Amount* \$500.00
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