



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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RECEIVED

2016 NOV 7 PM 1 49

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <input type="text" value="FIGHT FOR TOMORROW"/>																
2 INDIVIDUAL OR ORGANIZATION ADDRESS	<table border="1"><tr><td colspan="2">Address/ PO Box*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td colspan="2"><input type="text" value="807 BRAZOS STREET"/></td><td colspan="2"><input type="text" value="STE 810"/></td></tr><tr><td>City*</td><td>State*</td><td colspan="2">Zip Code*</td></tr><tr><td><input type="text" value="AUSTIN"/></td><td><input type="text" value="TX"/></td><td colspan="2"><input type="text" value="78701"/></td></tr></table>	Address/ PO Box*		Apartment or Suite Number		<input type="text" value="807 BRAZOS STREET"/>		<input type="text" value="STE 810"/>		City*	State*	Zip Code*		<input type="text" value="AUSTIN"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>	
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3 COMMITTEE TREASURER NAME (if applicable)	<table border="1"><tr><td>Title</td><td>First Name</td><td>Middle Initial</td></tr><tr><td><input type="text"/></td><td><input type="text" value="MATT"/></td><td><input type="text"/></td></tr><tr><td>Last Name</td><td colspan="2">Suffix</td></tr><tr><td><input type="text" value="MACKOWIAK"/></td><td colspan="2"><input type="text"/></td></tr></table>	Title	First Name	Middle Initial	<input type="text"/>	<input type="text" value="MATT"/>	<input type="text"/>	Last Name	Suffix		<input type="text" value="MACKOWIAK"/>	<input type="text"/>					
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5 REPORT DATE	Date Filed (yyyymmdd)* <input type="text" value="20161104"/>																

* 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: 11/7/16

Matthew L. Mackowiak

AFFIANT'S SIGNATURE

Matt Mackowiak

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

MATTHEW WMACKOWIAK

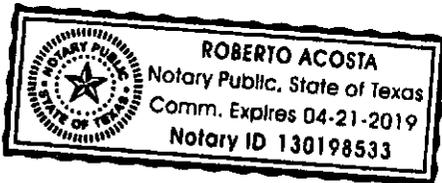
On the 7th day of NOVEMBER, 2016, to certify which witness my hand and official seal.

Roberto Acosta

Notary Public in and for the State of Texas

ROBERTO ACOSTA

Typed or Printed Name of Notary





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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="HARRY"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="LUCAS"/> <input type="text" value="JR"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="327 CONGRESS AVE"/> <input type="text" value="STE 500"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="AUSTIN"/> <input type="text" value="TX"/> <input type="text" value="78701"/> Contributor Employer* Contributor Occupation* <input type="text" value="LUCAS PETROLEUM GROUP"/> <input type="text" value="PRESIDENT"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20161031"/> <input type="text" value="\$2,500.00"/>