## Report Of Direct Campaign Expenditures: Schedule ATX.

(Previously Independent Expenditures not by a Candidate)

	FILED IN TH	HE OFFICE OF CITY CLERK DAY OF August 20 17	(
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G.		<del></del>
1		•
INDIVIDUAL		
OR	Title First Name*	Middle Initial
ORGANIZATION	Mr. William	
NAME	*	c tt
Filer is an individual	Last Name*	Suffix
	Reagan	
·	Filer Employer*	Filer Occupation*
	Reagan Outdoor Advertising	President
2	Address/ PO Box*	Apartment or Suite Number
INDIVIDUAL OR	7301 Burleson Road	
ORGANIZATION	City*	State* Zip Code*
ADDRESS	Austin	TX 78744
·		
3	Title First Name	Middle Initial
COMMITTEE TREASURER		
NAME		
(if applicable)	Last Name	Suffix
(ii applicable)	1	
4	Address/ PO Box	Apartment or Suite Number
COMMITTEE TREASURER		
ADDRESS	Cit.	State Zip Code
	City	3 (ate zip code
(if applicable)		
5		
REPORT DATE	Date Filed (yyyymmdd)*	



#### **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.

AFFIANT'S SIGNATURE

Eric Wetzel

**PRINT NAME** 

STATE OF TEXAS

**COUNTY OF TRAVIS** 

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

ERIL WETZEL

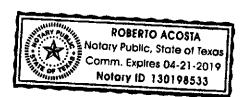
On the OTH day of

2017

, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





# **Expenditure**

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

1	Payee Title Payee First Name*		
PAYEE	Ms. Linda		
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix	
Payee is an individual	Curtis .		
2	Payee Address/ PO Box*	Payee Apartment o	r Suite Number
PAYEE	150 Southshore Road		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Bastrop	TX	78602
3	Category*	(\$) Expenditure An	nount*
EXPENDITURE	Consulting Expense	\$5,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date*	
		20170807	
		·	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
ign ordinance proposed by SignOnAustin			
		Lunna .	
			·



# **Expenditure**

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

1 PAYEE	Payee Title Payee First Name*  Mr. Jason	
NAME	Organization Name or Payee Last Name, as applicable*	Payee Suffix
Payee is an individual	Cooper	
2 PAYEE	Payee Address/ PO Box* 3571 Far West Boulevard	Payee Apartment or Suite Number
ADDRESS	Payee City* Austin	Payee State* Payee Zip Code*  TX 78731
3 EXPENDITURE	Category* Other (use Description field)	(\$) Expenditure Amount* \$3,000.00
DETAILS	Description (If Category is "Other") Web design	Expenditure Date*  20170807

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Sign ordinance proposed by SignOnAustin			
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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.

CONTRIBUTOR  NAME  Contributor is an individual	Contributor Title Contributor First Name*  Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*  Contributor City*  Contributor Employer*	Contributor Apartment or Suite Number  Contributor State* Contributor Zip Code*  Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*

Add Another Contribution Page

#### AUSTIN CITY CLERK RECEIVED

SCHEDULE ATX. 1 Reference § 2-2-32, Austin City Code

#### 2017 RUG 10 PM 2 51

#### INDEPENDENT EXPENDITURES NOT BY A CANDIDATE

This report is for persons (as defined at City Code, Section 2-2-2(17), which includes corporations) other than candidates or campaign committees who make independent expenditures exceeding \$500 in aggregate for the purpose of promoting the election or defeat of any candidate(s) or the passage or defeat of any ballot measure(s) in a City election.

Per City Code, Section 2-2-32(C), timely filing of this report is as follows:

- 1. If the expenditure is made before the 60th day before the date of the election, this form must be filed with the City Clerk no later than the fifth business day after the date of the expenditure
- 2. If the expenditure is made on or after the 60th day before the date of the election and before the ninth day before the date of the election, this form must be filed with the City Clerk no later than the second business day after the date of the expenditure.
- 3. If the expenditure is made on or after the ninth day before the date of the election, this form must be filed with the City Clerk no later than 5 p.m. on the first business day after the date of the expenditure.

All independent expenditures during a City election must be reported electronically.

Name of candidate or ballot measure:
Name of candidate or ballot measure:  Sign ordinance proposed by Sign On Austin
Name of the person or political committee making expenditures:
William Reagan
Address of the person or political committee making expenditures:
Address of the person or political committee making expenditures:  7301 Burleson Road, Hustin, TX 78744
For each expenditure, provide the name and address of the person(s) to whom expenditures were made;

For each expenditure, provide the name and address of the person(s) to whom expenditures were made; the total amount, purpose, and date; and the candidate whose election or defeat the expenditure advocates or the ballot measure whose passage or defeat the expenditure advocates:

Name	Street Address	Amount	Purpose	Date	Candidate/Ballot Measure	
Linda	gyi 150 Southshore Rd., Bastrop 7860	\$5,000	consulting	8712	sign ordinance	.a. (*
Curtis Jason Cooper	Kd., Bastrop 1860 3571 Far West Austin, Tx 18731	¥3,000	web design		proposed by Signon sign ordinance proposed by Signo	.Austin MAustin
<u>'</u>				•		

#### **VERIFICATION**

I swear or affirm upon penalty of perjury that each independent 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.

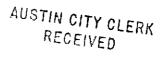
	dent Expenditures Not by a Candidate filed herewith is in all information required to be reported by me pursuant to City od indicated.
DATE: 8 10 17	
	AFFIANT'S SIGNATURE  Eric Wetze
	PRINT NAME
STATE OF TEXAS	
COUNTY OF TRAVIS	
This instrument was acknowledged, sworn	to and subscribed before me by
Eric Wetzel	
On the 10 day of Aug	ust, 2017, to certify which witness my hand
Of Con	2
Actary Public in and for the State of Texas	
Jody Lane Sucr	
Typed or Printed Name of Notary	JODY LANE SUAREZ Notary Public, State of Texas My Commission Expires July 13, 2019



# SCHEDULE ATX.1 INDEPENDENT EXPENDITURES NOT BY A CANDIDATE

Office Use Only
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1	Title	First Name		Mi	ddle Initial
FILER	Mr.	William			
NAME	Last Name		Suff	fix	
	Reaga	n			
2	Address/ PO Box		Marka A	partment or Suite	Number
FILER	7301 B	urleson R	oad		
ADDRESS	City	V.)		tate	Zip Code
AND	Husti	n Cla		TX	78744
PHONE	Phone Number (##	#-###-####)	Extension, if applic	able	<u> </u>
	512-9	26-7740			
3	January 15	July 15 30th D	ay Before Election	8th Day Bel	ore Election Runoff
REPORTING TYPE	Start Date (yyyymn	ndd) 5		End Date (yyyy	mmdd)
AND	n	6	THROUGH		
REPORTING PERIOD			ATA ATAMA Distances	<u> </u>	
4 AFFIDAVIT					
I swear or affirm upon penalty of consultation, or sharing of materia an affected candidate, the candida and the person making the expend	al information regardi ate's campaign staff, t	ng the communication's con he candidate's campaign cor	tent, intended audie	ence, timing, or me	thod of dissemination between
I further swear that this report of Ir required to be reported by me purs				ngs true and correc	t and fully shows all information
DATE: 8 10 17		Ch.			Wetzel
• •		AFFIANT'S SIGNATURE	₹ 2	F	PRINT NAME
STATE OF TEXAS					
COUNTY OF TRAVIS		\$20 ) [2] [2]	27	Section 1	JODY LANE SUAREZ
This instrument was acknowledged Eric Wotze	, sworn to and subscri	ibed before me by		No.	tary Public, State of Texas My Commission Expires July 13, 2019
1	<del>\</del>				
On the lay of	tugust	2017 to certify which	h witness my hand a	nd official seal.	
Ofto	2	> 500	Lyla	ne Su	narez
Notary Public in and for the State o	f Texas	Typed or Printed Name of	Notary		



2017 AUG 10 PM 2 51



# SCHEDULE ATX.1 INDEPENDENT EXPENDITURES NOT BY A CANDIDATE

Itemize each expenditure made in Sections 5-8. For additional expenditures, click "Add Another Expenditure Page" below

PAYEE				
NAME	Business Name, or Payee	Last Name, if applicable		
Payee is an individual	Linda C	untis	]	
	Payee Address/ PO Box	1	Payee Apartment or	Suite Number
PAYEE	150 Sout	hshore Road		,
ADDRESS	Payee City	e portuge All off	Payee State	Payee Zip Code
	Bastrop			13602
	Category		(\$) Expenditure Amo	punt
EXPENDITURE	consult	Na	75,000	
DETAILS	Description (If Category is	: , <b>)</b>	Expenditure Date	
			8/7/17	
Ide	entify each candidate or hallot i	measure supported or opposed by the	he above expenditure, if a	oplicable.
	interior contractor of contractor			
	Measure Supported/Opposed	Candidate Signt Name	Office Sought (if applicable)	Office Held
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought	Office Held
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought	
date Last Name or Ballot		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable
date Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable

Add Another Expenditure Page

# SCHEDULE ATX.1 INDEPENDENT EXPENDITURES NOT BY A CANDIDATE

# AUSTIN CITY CLERK RECEIVED 2017 AUG 10 PM 2 51

Itemize each expenditure made in Sections 5-8. For additional expenditures, click "Add Another Expenditure Page" below

PAYEE		And the state of t		
NAME	Business Name, or Payee	Unct Nama if applicable		
Payee is an individual		· · · · · · · · · · · · · · · · · · ·	]	
<b>A</b>	Jason Co	poper	J	
	Payee Address/ PO Box		Payee Apartment or S	uite Number
PAYEE	3571 Fai	West Blud.		
ADDRESS	Payee City	1980/R	Payee State	Payee Zip Code
	Austin	y was the	178	78731
EXPENDITURE	Category		(\$) Expenditure Amou	int
	web desig		73,000	· · · · · · · · · · · · · · · · · · ·
DETAILS	Description (if Category i	s "Other")	Expenditure Date	
			8717	
			a shave avecaditive if ser	licable
Ide	entify each candidate or ballot	wesznie zabboj iso or obbozso by ri	ie above experiorore, ir app	meaure.
	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
didate Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought	Office Held
didate Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought	Office Held
didate Last Name or Ballot		Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
didate Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
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didate Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
didate Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
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didate Last Name or Ballot	Measure Supported/Opposed	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)

Add Another Expenditure Page