



# Report Of Direct Campaign Expenditures: Schedule ATX.1

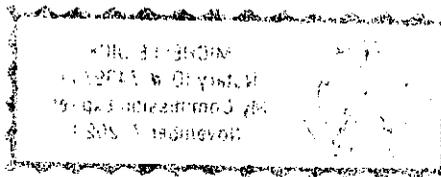
(Previously Independent Expenditures not by a Candidate)

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OCC RECEIVED AT  
SEP 28 '18 PM 3:25

<p><b>1</b></p> <p><b>INDIVIDUAL OR ORGANIZATION NAME</b></p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p>Vote Yes on Prop K Political Action Committee</p>
<p><b>2</b></p> <p><b>INDIVIDUAL OR ORGANIZATION ADDRESS</b></p>	<p>Address/ PO Box*      Apartment or Suite Number</p> <p>806 Jewell St      </p> <p>City*      State*      Zip Code*</p> <p>Austin      TX      78704</p>
<p><b>3</b></p> <p><b>COMMITTEE TREASURER NAME</b> (if applicable)</p>	<p>Title      First Name      Middle Initial</p> <p>Mr      Michael      R</p> <p>Last Name      Suffix</p> <p>Searle      </p>
<p><b>4</b></p> <p><b>COMMITTEE TREASURER ADDRESS</b> (if applicable)</p>	<p>Address/ PO Box      Apartment or Suite Number</p> <p>      </p> <p>City      State      Zip Code</p> <p>      </p>
<p><b>5</b></p> <p><b>REPORT DATE</b></p>	<p>Date Filed (yyyymmdd)*</p> <p>20180928</p>

\* 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: 9/28/2018

[Handwritten Signature]  
AFFIANT'S SIGNATURE

Michael Searle  
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Michael Searle

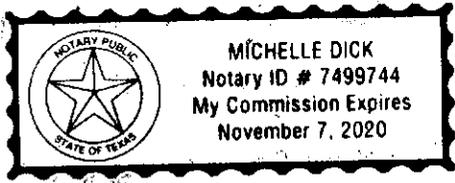
On the 28 day of Sept, 2018, to certify which witness my hand and official seal.

Michelle Dick

Michelle Dick

Notary Public in and for the State of Texas

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.

<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text" value="Mr."/> <input type="text" value="Christopher"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Covo"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="1148 Northwestern Ave"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78702"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="PJs of Texas"/> <input type="text" value="Executive"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20180917"/> <input type="text" value="\$500.00"/>



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Ellen &amp; Caleb"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Troclair"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number <input type="text" value="1500 Surrey Hill Dr"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78746"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="City of Austin"/> <input type="text" value="Council Member"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20180917"/> <input type="text" value="\$500.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*	
		Mr.	Roque	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix
		De La Fuente		
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		5440 Morehouse Dr		
		Contributor City*		Contributor State*    Contributor Zip Code*
		San Diego		CA    92121
		Contributor Employer*		Contributor Occupation*
		Self-employed		Self-employed
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20180926		\$1,000.00



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual			
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		VcFO		
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		6836 Austin Center Blvd		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78731
		Contributor Employer*	Contributor Occupation*	
		VCFO	Company	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20180915		\$1,000.00



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title Mr	Contributor First Name* James	
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Skaggs		Contributor Suffix
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* 4700 Toreador Dr.		Contributor Apartment or Suite Number
		Contributor City* Austin	Contributor State* TX	Contributor Zip Code* 78746
		Contributor Employer*	Contributor Occupation*	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20180925		(\$) Contribution Amount* \$5,000.00

Add Another Contribution Page