



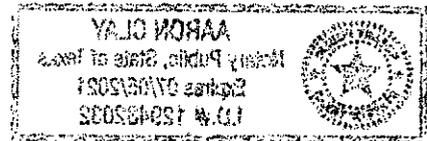
# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

|  |  |
|--|--|
| <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 style="text-align: right;"><b>OCC RECEIVED AT<br/>OCT 3 '18 PM 1:17</b></p>   |
| <p><b>2</b></p> <p><b>INDIVIDUAL OR ORGANIZATION ADDRESS</b></p>   | <p>Address/ PO Box* <span style="float: right;">Apartment or Suite Number</span></p> <p>806 Jewell St <span style="float: right;"></span></p> <p>City* <span style="float: right;">State*</span> <span style="float: right;">Zip Code*</span></p> <p>Austin <span style="float: right;">TX</span> <span style="float: right;">78704</span></p>     |
| <p><b>3</b></p> <p><b>COMMITTEE TREASURER NAME</b></p> <p>(if applicable)</p>  | <p>Title <span style="float: right;">First Name</span> <span style="float: right;">Middle Initial</span></p> <p>Mr. <span style="float: right;">Michael</span> <span style="float: right;">R</span></p> <p>Last Name <span style="float: right;">Suffix</span></p> <p>Searle <span style="float: right;"></span></p>                               |
| <p><b>4</b></p> <p><b>COMMITTEE TREASURER ADDRESS</b></p> <p>(if applicable)</p>                                     | <p>Address/ PO Box <span style="float: right;">Apartment or Suite Number</span></p> <p><span style="float: right;"></span></p> <p>City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span></p> <p><span style="float: right;"></span> <span style="float: right;"></span> <span style="float: right;"></span></p> |
| <p><b>5</b></p> <p><b>REPORT DATE</b></p>  | <p>Date Filed (yyyymmdd)*</p> <p>20181003</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: 10/3/2018

[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 Ryan Searle

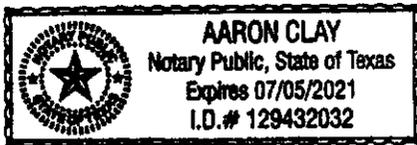
On the 3 day of October, 2018, to certify which witness my hand and official seal.

[Signature]

Aaron Clay

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>  | Contributor Title  | Contributor First Name* |                                       |
|          | <input checked="" type="checkbox"/> Contributor is an individual |  | Ellen                   |                                       |
|          |  | Organization Name or Contributor Last Name, as applicable* | Contributor Suffix      |                                       |
|          |  | Wood   |                         |                                       |
| <b>2</b> | <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>                          | Contributor Address/ PO Box*                               |                         | Contributor Apartment or Suite Number |
|          |  | 5002 Sevan Cove  |                         |                                       |
|          |  | Contributor City*  | Contributor State*      | Contributor Zip Code*                 |
|          |  | Austin   | TX                      | 78731                                 |
|          |  | Contributor Employer*                                      | Contributor Occupation* |                                       |
|          |  | VCFO   | CEO                     |                                       |
| <b>3</b> | <b>CONTRIBUTION DETAILS</b>                                      | Contribution Date (yyyymmdd)*                              |                         | (\$) Contribution Amount*             |
|          |  | 20181002   |                         | \$500.00                              |

[Add Another Contribution Page](#)