



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

OCC RECEIVED AT
OCT 9 '18 PM4:07

<p>1</p> <p>INDIVIDUAL OR ORGANIZATION NAME</p> <p><input type="checkbox"/> Filer is an individual</p>	<p>Committee or Organization Name*</p> <p>Workers Defense Action Fund PAC</p>
<p>2</p> <p>INDIVIDUAL OR ORGANIZATION ADDRESS</p>	<p>Address/ PO Box* Apartment or Suite Number</p> <p>PO Box 143001 </p> <p>City* State* Zip Code*</p> <p>Austin TX 78714</p>
<p>3</p> <p>COMMITTEE TREASURER NAME (if applicable)</p>	<p>Title First Name Middle Initial</p> <p>Emma </p> <p>Last Name Suffix</p> <p>Ruiz </p>
<p>4</p> <p>COMMITTEE TREASURER ADDRESS (if applicable)</p>	<p>Address/ PO Box Apartment or Suite Number</p> <p></p> <p>City State Zip Code</p> <p> </p>
<p>5</p> <p>REPORT DATE</p>	<p>Date Filed (yyyymmdd)*</p> <p>20181009</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: 10.09.2018

AFFIANT'S SIGNATURE

Amparo Herrera Hughes

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

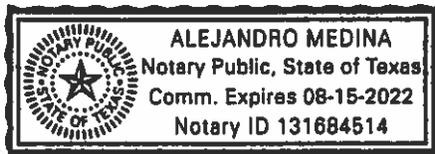
Amparo Herrera Hughes

On the 9 day of October, 2018, to certify which witness my hand and official seal.

Notary Public in and for the State of Texas

Alejandro Medina

Typed or Printed Name of Notary





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Expenditure

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

1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * <div style="border: 1px solid black; padding: 2px;">SVM Prepaid Card</div>								
2 PAYEE ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Payee Address/ PO Box*</td> <td style="width:40%; border-bottom: 1px solid black;">Payee Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3727 Ventura Dr.</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Payee City*</td> <td style="border-bottom: 1px solid black;">Payee State* Payee Zip Code*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Arlington Heights</td> <td style="border-bottom: 1px solid black;">IL 6004</td> </tr> </table>	Payee Address/ PO Box*	Payee Apartment or Suite Number	3727 Ventura Dr.		Payee City*	Payee State* Payee Zip Code*	Arlington Heights	IL 6004
Payee Address/ PO Box*	Payee Apartment or Suite Number								
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Payee City*	Payee State* Payee Zip Code*								
Arlington Heights	IL 6004								
3 EXPENDITURE DETAILS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Category*</td> <td style="width:40%; border-bottom: 1px solid black;">(\$) Expenditure Amount*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Travel In District</td> <td style="border-bottom: 1px solid black;">\$415.32</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Description (if Category is "Other")</td> <td style="border-bottom: 1px solid black;">Expenditure Date*</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">20180920</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Travel In District	\$415.32	Description (if Category is "Other")	Expenditure Date*		20180920
Category*	(\$) Expenditure Amount*								
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Description (if Category is "Other")	Expenditure Date*								
	20180920								

4 Identify each candidate or ballot measure 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)
Adler	Steve	Mayor	Mayor
Conway Jr.	Lewis	City Council District 1	
Renteria	Sabino "Pio"	City Council District 3	City Council District 3
Proposition A- Support			
Proposition E- Support			
Proposition K- Opposed			



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1 PAYEE NAME <input type="checkbox"/> Payee is an individual	Organization Name or Payee Last Name, as applicable * <input style="width:100%;" type="text" value="Texas Mutual Insurance"/>												
2 PAYEE ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Payee Address/ PD Box*</td> <td style="width:40%; border-bottom: 1px solid black;">Payee Apartment or Suite Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PO Box 12029</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Payee City*</td> <td style="border-bottom: 1px solid black;">Payee State *</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Austin</td> <td style="border-bottom: 1px solid black;">TX</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Payee Zip Code *</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">78711</td> </tr> </table>	Payee Address/ PD Box*	Payee Apartment or Suite Number	PO Box 12029		Payee City*	Payee State *	Austin	TX		Payee Zip Code *		78711
Payee Address/ PD Box*	Payee Apartment or Suite Number												
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3 EXPENDITURE DETAILS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Category*</td> <td style="width:40%; border-bottom: 1px solid black;">(\$) Expenditure Amount*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other (use Description field)</td> <td style="border-bottom: 1px solid black;">\$45.53</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Description (If Category is "Other")</td> <td style="border-bottom: 1px solid black;">Expenditure Date*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Insurance</td> <td style="border-bottom: 1px solid black;">20180924</td> </tr> </table>	Category*	(\$) Expenditure Amount*	Other (use Description field)	\$45.53	Description (If Category is "Other")	Expenditure Date*	Insurance	20180924				
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Proposition A- Support			
Proposition E- Support			
Proposition K- Opposed			



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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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Southwest Laborers District Council"/>				
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="11720 East 21st Street"/>	Contributor Apartment or Suite Number <input type="text" value="Suite D"/>	Contributor City* <input type="text" value="Tulsa"/>	Contributor State* <input type="text" value="OK"/>	Contributor Zip Code* <input type="text" value="74129"/>
3 CONTRIBUTION DETAILS	Contributor Employer* <input type="text" value="n/a"/>	Contributor Occupation* <input type="text" value="n/a"/>	Contribution Date (yyyymmdd)* <input type="text" value="20180907"/>	(\$) Contribution Amount* <input type="text" value="\$7,000.00"/>	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Laborers' Local 1095"/>																		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	<table border="1"> <tr> <td>Contributor Address/ PO Box*</td> <td colspan="2">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="8546 Broadway Street"/></td> <td colspan="2"><input type="text" value="Suite 235"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="San Antonio"/></td> <td><input type="text" value="TX"/></td> <td><input type="text" value="78217"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text" value="n/a"/></td> <td colspan="2"><input type="text" value="n/a"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="8546 Broadway Street"/>	<input type="text" value="Suite 235"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="San Antonio"/>	<input type="text" value="TX"/>	<input type="text" value="78217"/>	Contributor Employer*	Contributor Occupation*		<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	
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3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20180910"/></td> <td><input type="text" value="\$3,000.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20180910"/>	<input type="text" value="\$3,000.00"/>														
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Communication Workers of America
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 501 Third Street NW Contributor City* Washington Contributor State* DC Contributor Zip Code* 20001 Contributor Employer* n/a Contributor Occupation* n/a
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20180824 (\$) Contribution Amount* \$25,000.00

Add Another Contribution Page