



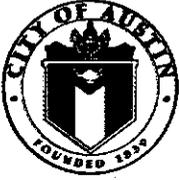
# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

<b>1</b>  <b>INDIVIDUAL OR ORGANIZATION NAME</b>  <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <input type="text" value="Austin Together PAC"/>          <b>OCC RECEIVED AT OCT 9 '18 PM4:24</b>
<b>2</b>  <b>INDIVIDUAL OR ORGANIZATION ADDRESS</b>	Address/ PO Box* <input type="text" value="604 W. 11th St."/> Apartment or Suite Number <input type="text"/> City* <input type="text" value="Austin"/> State* <input type="text" value="TX"/> Zip Code* <input type="text" value="78701"/>
<b>3</b>  <b>COMMITTEE TREASURER NAME</b>  (if applicable)	Title <input type="text"/> First Name <input type="text" value="Brandi"/> Middle Initial <input type="text" value="C"/> Last Name <input type="text" value="Burton"/> Suffix <input type="text"/>
<b>4</b>  <b>COMMITTEE TREASURER ADDRESS</b>  (if applicable)	Address/ PO Box <input type="text" value="604 W. 11th St."/> Apartment or Suite Number <input type="text"/> City <input type="text" value="Austin"/> State <input type="text" value="TX"/> Zip Code <input type="text" value="78701"/>
<b>5</b>  <b>REPORT DATE</b>	Date Filed (yyyymmdd)* <input type="text" value="20181009"/>

\* Indicates a required field



**Report Of Direct Campaign Expenditures: Schedule ATX.1**  
*(Previously Independent Expenditures not by a Candidate)*

**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: 10/19/18

[Handwritten Signature]  
 AFFIANT'S SIGNATURE

Jovita Pardo  
 PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

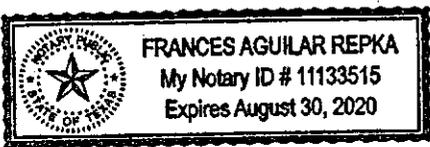
This instrument was acknowledged, sworn to and subscribed before me by

Jovita Pardo

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

[Handwritten Signature]  
 Notary Public in and for the State of Texas

Frances Aguilar Repka  
 Typed or Printed Name of Notary











# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

# Contribution

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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"/> <input type="text" value="Channy"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Soeur"/> <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="7908 Cameron Rd."/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78754"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="CAS Consulting &amp; Services"/> <input type="text" value="Chief Executive Officer"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181009"/> <input type="text" value="\$1,000.00"/>



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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<p>1</p> <p><b>CONTRIBUTOR NAME</b></p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title    Contributor First Name*</p> <p><input type="text"/>    Aan</p> <p>Organization Name or Contributor Last Name, as applicable*    Contributor Suffix</p> <p>Coleman    <input type="text"/></p>
<p>2</p> <p><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p>	<p>Contributor Address/ PO Box*    Contributor Apartment or Suite Number</p> <p>9890 Silver Mountain Dr.    <input type="text"/></p> <p>Contributor City*    Contributor State*    Contributor Zip Code*</p> <p>Austin    TX    78737</p> <p>Contributor Employer*    Contributor Occupation*</p> <p>Coleman &amp; Associates    Landscape Architect</p>
<p>3</p> <p><b>CONTRIBUTION DETAILS</b></p>	<p>Contribution Date (yyyymmdd)*    (\$) Contribution Amount*</p> <p>20181001    \$500.00</p>



# Report Of Direct Campaign Expenditures: Schedule ATX.1

*(Previously Independent Expenditures not by a Candidate)*

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<b>1</b>	<b>CONTRIBUTOR NAME</b>	<input type="checkbox"/> Contributor is an individual Organization Name or Contributor Last Name, as applicable* <input type="text" value="Austin Board of Realtors PAC"/>													
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Contributor Address/ PO Box*</td> <td style="width: 40%; padding: 2px;">Contributor Apartment or Suite Number</td> </tr> <tr> <td><input type="text" value="4105 Medical Pkwy"/></td> <td><input type="text"/></td> </tr> <tr> <td style="padding: 2px;">Contributor City*</td> <td style="padding: 2px;">Contributor State*    Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/>    <input type="text" value="78756"/></td> </tr> <tr> <td style="padding: 2px;">Contributor Employer*</td> <td style="padding: 2px;">Contributor Occupation*</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Contributor Address/ PO Box*	Contributor Apartment or Suite Number	<input type="text" value="4105 Medical Pkwy"/>	<input type="text"/>	Contributor City*	Contributor State*    Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/> <input type="text" value="78756"/>	Contributor Employer*	Contributor Occupation*	<input type="text"/>	<input type="text"/>
Contributor Address/ PO Box*	Contributor Apartment or Suite Number														
<input type="text" value="4105 Medical Pkwy"/>	<input type="text"/>														
Contributor City*	Contributor State*    Contributor Zip Code*														
<input type="text" value="Austin"/>	<input type="text" value="TX"/> <input type="text" value="78756"/>														
Contributor Employer*	Contributor Occupation*														
<input type="text"/>	<input type="text"/>														
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Contribution Date (yyyymmdd)*</td> <td style="width: 40%; padding: 2px;">(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20181004"/></td> <td><input type="text" value="\$15,000.00"/></td> </tr> </table>		Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20181004"/>	<input type="text" value="\$15,000.00"/>								
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*														
<input type="text" value="20181004"/>	<input type="text" value="\$15,000.00"/>														



# Report Of Direct Campaign Expenditures: Schedule ATX.1

*(Previously Independent Expenditures not by a Candidate)*

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Upland Software Inc."/>	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="401 Congress Ave."/> Contributor City* <input type="text" value="Austin"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text" value="Suite 1850"/> Contributor State*    Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78701"/> Contributor Occupation* <input type="text"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181005"/>	(\$) Contribution Amount* <input type="text" value="\$10,000.00"/>



# Report Of Direct Campaign Expenditures: Schedule ATX.1

*(Previously Independent Expenditures not by a Candidate)*

# Contribution

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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		Bob	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Ward		
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
		1707 Romeria Dr.		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78757
		Contributor Employer*	Contributor Occupation*	
		Self	Self	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
		20181001	\$50.00	



# Report Of Direct Campaign Expenditures: Schedule ATX.1

*(Previously Independent Expenditures not by a Candidate)*

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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="Gary"/>
<input checked="" type="checkbox"/> Contributor is an individual		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Keller"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="1221 S Mopac Expy"/>	Contributor Apartment or Suite Number <input type="text" value="Ste. 400"/>
		Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78746"/>	
		Contributor Employer* <input type="text" value="Keller Williams Realty"/>	Contributor Occupation* <input type="text" value="Owner"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181002"/>	(\$) Contribution Amount* <input type="text" value="\$2,000.00"/>



# Report Of Direct Campaign Expenditures: Schedule ATX.1

*(Previously Independent Expenditures not by a Candidate)*

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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title <input type="text"/>	Contributor First Name* <input type="text" value="John"/>
<input checked="" type="checkbox"/> Contributor is an individual		Organization Name or Contributor Last Name, as applicable* <input type="text" value="Pitts"/>	Contributor Suffix <input type="text"/>
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="1703 Mohle Dr."/>	Contributor Apartment or Suite Number <input type="text"/>
		Contributor City* <input type="text" value="Austin"/>	Contributor State* <input type="text" value="TX"/>
		Contributor Zip Code* <input type="text" value="78703"/>	
		Contributor Employer* <input type="text" value="John R Pitts Jr LLC"/>	Contributor Occupation* <input type="text" value="Consultant"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181003"/>	(\$) Contribution Amount* <input type="text" value="\$100.00"/>



# Report Of Direct Campaign Expenditures: Schedule ATX.1

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="One Gas Inc."/>																		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<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="P.O. Box 21049"/></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Tulsa"/></td> <td><input type="text" value="OK"/></td> <td><input type="text" value="74121"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text"/></td> <td colspan="2"><input type="text"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="P.O. Box 21049"/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Tulsa"/>	<input type="text" value="OK"/>	<input type="text" value="74121"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="P.O. Box 21049"/>	<input type="text"/>																		
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Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
<input type="text" value="20181004"/>	<input type="text" value="\$2,000.00"/>																		



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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Balcones Resources, Inc."/>																		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	<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="1408 Eva St."/></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td><input type="text" value="Austin"/></td> <td><input type="text" value="TX"/></td> <td><input type="text"/></td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td><input type="text"/></td> <td colspan="2"><input type="text"/></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		<input type="text" value="1408 Eva St."/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="1408 Eva St."/>	<input type="text"/>																		
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<b>3</b>  <b>CONTRIBUTION DETAILS</b>	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20181004"/></td> <td><input type="text" value="\$1,000.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20181004"/>	<input type="text" value="\$1,000.00"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
<input type="text" value="20181004"/>	<input type="text" value="\$1,000.00"/>																		



# Report Of Direct Campaign Expenditures: Schedule ATX.1

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<b>1</b>  <b>CONTRIBUTOR NAME</b>  <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Driftwood Historical Conservation Society"/>	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="P.O. Box 9"/>  Contributor City* <input type="text" value="Driftwood"/>  Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/>  Contributor State*    Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78619"/>  Contributor Occupation* <input type="text"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181003"/>	(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>



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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="Jon"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Beall"/> <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="2503 Flora Cv."/> <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="TDI"/> <input type="text" value="Self"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181005"/> <input type="text" value="\$1,000.00"/>



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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="Evan"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Taniguchi"/> <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="1609 W. 6th St."/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78703"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Taniguchi Architects"/> <input type="text" value="Owner"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181002"/> <input type="text" value="\$200.00"/>



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<p><b>1</b></p> <p><b>CONTRIBUTOR NAME</b></p> <p><input checked="" type="checkbox"/> Contributor is an individual</p>	<p>Contributor Title    Contributor First Name*</p> <p><input type="text"/>    <input type="text" value="Lew"/></p> <p>Organization Name or Contributor Last Name, as applicable*    Contributor Suffix</p> <p><input type="text" value="Little"/>    <input type="text"/></p>
<p><b>2</b></p> <p><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p>	<p>Contributor Address/ PO Box*    Contributor Apartment or Suite Number</p> <p><input type="text" value="2806 Stratford Dr."/>    <input type="text"/></p> <p>Contributor City*    Contributor State*    Contributor Zip Code*</p> <p><input type="text" value="Austin"/>    <input type="text" value="TX"/>    <input type="text" value="78746"/></p> <p>Contributor Employer*    Contributor Occupation*</p> <p><input type="text" value="Covenant Surgical Partners"/>    <input type="text" value="Healthcare Executive"/></p>
<p><b>3</b></p> <p><b>CONTRIBUTION DETAILS</b></p>	<p>Contribution Date (yyyymmdd)*    (\$) Contribution Amount*</p> <p><input type="text" value="20181007"/>    <input type="text" value="\$1,000.00"/></p>



# Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

# 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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Texas Disposal Systems, Inc.	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* P.O. Box 17126  Contributor City* Austin  Contributor Employer*	Contributor Apartment or Suite Number  Contributor State*    Contributor Zip Code* TX                      78760  Contributor Occupation*
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* 20181003	(\$) Contribution Amount* \$1,000.00



# Report Of Direct Campaign Expenditures: Schedule ATX.1

*(Previously Independent Expenditures not by a Candidate)*

# 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.

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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"/> <input type="text" value="Scott"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Morehead"/> <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="4513 Rowood Rd."/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78722"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Woods Prairie"/> <input type="text" value="Consultant"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181009"/> <input type="text" value="\$50.00"/>



# Report Of Direct Campaign Expenditures: Schedule ATX.1

*(Previously Independent Expenditures not by a Candidate)*

# 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"/> <input type="text" value="Robert"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Lee"/> <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="504 W. 24th St."/> <input type="text" value="Ste. E"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78705"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Pearlstone Partners"/> <input type="text" value="Chief Executive Officer"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181009"/> <input type="text" value="\$2,000.00"/>

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