



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

OCC RECEIVED AT
OCT 12 '18 AM 11:37

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* Keep Austin Affordable
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* Apartment or Suite Number PO Box 1136 City* State* Zip Code* Austin TX 78767
3 COMMITTEE TREASURER NAME (if applicable)	Title First Name Middle Initial Last Name Suffix McHorse
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box Apartment or Suite Number 600 Congress Ave. 2100 City State Zip Code Austin TX 78701
5 REPORT DATE	Date Filed (yyyymmdd)* 20181011

* 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: 10-11-18

[Handwritten Signature]

AFFIANT'S SIGNATURE

Edward McHorse

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Edward McHorse

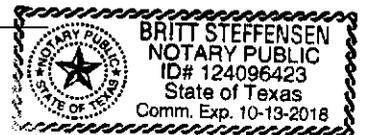
On the 11th day of October, 2018, to certify which witness my hand and official seal.

[Handwritten Signature]

Notary Public in and for the State of Texas

Britt Steffensen

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.

1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*		
		<input type="text"/>	<input type="text" value="Jonathan"/>		
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="Coon"/>		<input type="text"/>	
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number	
		<input type="text" value="3939 Bee Caves Rd. C100"/>		<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="Impossible Ventures"/>		<input type="text" value="Entrepreneur"/>	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*	
		<input type="text" value="20181003"/>		<input type="text" value="\$10,526.63"/>	



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Slate Real Estate Partners																			
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>9811 Katy Freeway</td> <td colspan="2">925</td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td>Houston</td> <td>TX</td> <td>77024</td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>		Contributor Address/ PO Box*	Contributor Apartment or Suite Number		9811 Katy Freeway	925		Contributor City*	Contributor State*	Contributor Zip Code*	Houston	TX	77024	Contributor Employer*	Contributor Occupation*				
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																			
9811 Katy Freeway	925																			
Contributor City*	Contributor State*	Contributor Zip Code*																		
Houston	TX	77024																		
Contributor Employer*	Contributor Occupation*																			
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td>20181002</td> <td>\$8,421.37</td> </tr> </table>		Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181002	\$8,421.37														
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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Terry"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Mitchell"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="3212 Bridle Path"/> <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="Momark Development"/> <input type="text" value="Real Estate"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20180928"/> <input type="text" value="\$1,052.95"/>



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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="Drenner Group PC"/>																		
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="200 Lee Barton Dr."/></td> <td colspan="2"><input type="text" value="100"/></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" value="78704"/></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="200 Lee Barton Dr."/>	<input type="text" value="100"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78704"/>	Contributor Employer*	Contributor Occupation*		<input type="text"/>	<input type="text"/>	
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
<input type="text" value="200 Lee Barton Dr."/>	<input type="text" value="100"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78704"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text"/>	<input type="text"/>																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td><input type="text" value="20180928"/></td> <td><input type="text" value="\$10,000.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20180928"/>	<input type="text" value="\$10,000.00"/>														
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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* MileStone Community Builders, LLC																		
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>9111 Jollyville Rd.</td> <td colspan="2">111</td> </tr> <tr> <td>Contributor City*</td> <td>Contributor State*</td> <td>Contributor Zip Code*</td> </tr> <tr> <td>Austin</td> <td>TX</td> <td>78759</td> </tr> <tr> <td>Contributor Employer*</td> <td colspan="2">Contributor Occupation*</td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	Contributor Address/ PO Box*	Contributor Apartment or Suite Number		9111 Jollyville Rd.	111		Contributor City*	Contributor State*	Contributor Zip Code*	Austin	TX	78759	Contributor Employer*	Contributor Occupation*				
Contributor Address/ PO Box*	Contributor Apartment or Suite Number																		
9111 Jollyville Rd.	111																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
Austin	TX	78759																	
Contributor Employer*	Contributor Occupation*																		
3 CONTRIBUTION DETAILS	<table border="1"> <tr> <td>Contribution Date (yyyymmdd)*</td> <td>(\$) Contribution Amount*</td> </tr> <tr> <td>20181005</td> <td>\$15,000.00</td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	20181005	\$15,000.00														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
20181005	\$15,000.00																		



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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="East 43rd St. LLC"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="702 Antonio St."/> Contributor City* <input type="text" value="Austin"/> 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="78701"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181004"/>	(\$) Contribution Amount* <input type="text" value="\$5,000.00"/>



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1 CONTRIBUTOR NAME <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Metcalfe Wolff Stuart & Williams LLP
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 221 W. 6th St. Contributor City* Austin Contributor Employer* Contributor Apartment or Suite Number 1300 Contributor State* TX Contributor Zip Code* 78701 Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181003 (\$) Contribution Amount* \$1,500.00

[Add Another Contribution Page](#)