





# 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: 10/22/18

[Handwritten Signature]  
AFFIANT'S SIGNATURE

Julita Pardo  
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

Julita Pardo

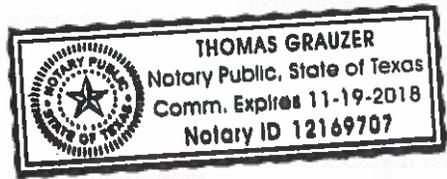
On the 22nd day of October, 2018, to certify which witness my hand and official seal.

Thomas Grauzer

Thomas Grauzer

Notary Public in and for the State of Texas

Typed or Printed Name of Notary





















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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="John"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Donisi"/> <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="2220 Parkway"/> <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="Self"/> <input type="text" value="Attorney"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20180928"/> <input type="text" value="\$500.00"/>



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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="Austinites for Equity"/>	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="1812 Centre Creek Dr."/>  Contributor City* <input type="text" value="Austin"/>  Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text" value="#310"/>  Contributor State*    Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78754"/>  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="\$5,000.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual		Laurie	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Swan		
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		1611 Northwood Rd.		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78703
		Contributor Employer*	Contributor Occupation*	
		Stratus Properties LLC	Public Relations Director	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20181009		\$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="Perry"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Lorenz"/> <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="1311-A E. 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="78702"/> Contributor Employer*    Contributor Occupation* <input type="text" value="Self"/> <input type="text" value="Real Estate"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181015"/> <input type="text" value="\$5,000.00"/>



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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 type="checkbox"/> Contributor is an individual Organization Name or Contributor Last Name, as applicable* <input type="text" value="Central Texas Building and Construction Trades Council"/>		
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>		
	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
	<input type="text" value="1106 Lavaca St."/>	<input type="text" value="#201"/>	
	Contributor City*	Contributor State*	Contributor Zip Code*
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>
	Contributor Employer*	Contributor Occupation*	
	<input type="text"/>	<input type="text"/>	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>		
	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
	<input type="text" value="20181011"/>	<input type="text" value="\$1,000.00"/>	



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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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Stratus Properties Operating Co."/>		
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="212 Lavaca St."/>	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="78701"/>
	Contributor Employer* <input type="text"/>	Contributor Occupation* <input type="text"/>	
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="201801016"/>		(\$) Contribution Amount* <input type="text" value="\$10,000.00"/>



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Itemize each contribution in Sections 1-3. For additional contributions, click "Add Another Contribution Page" below.

<b>1</b>	<p style="text-align: center;"><b>CONTRIBUTOR NAME</b></p> <p><input type="checkbox"/> Contributor is an individual</p> <p style="text-align: center;">Organization Name or Contributor Last Name, as applicable*</p> <p style="border: 1px solid black; padding: 2px;">Brigid Shea Campaign</p>	
<b>2</b>	<p style="text-align: center;"><b>CONTRIBUTOR ADDRESS AND EMPLOYER</b></p> <p>Contributor Address/ PO Box* <span style="float: right;">Contributor Apartment or Suite Number</span></p> <p style="border: 1px solid black; padding: 2px;">2604 Geraghty Ave. <span style="float: right; border: 1px solid black; padding: 2px;"></span></p> <p>Contributor City* <span style="float: right;">Contributor State*    Contributor Zip Code*</span></p> <p style="border: 1px solid black; padding: 2px;">Austin <span style="float: right; border: 1px solid black; padding: 2px;">TX</span> <span style="float: right; border: 1px solid black; padding: 2px;">78757</span></p> <p>Contributor Employer* <span style="float: right;">Contributor Occupation*</span></p> <p style="border: 1px solid black; padding: 2px;"><span style="float: right; border: 1px solid black; padding: 2px;"></span></p>	
<b>3</b>	<p style="text-align: center;"><b>CONTRIBUTION DETAILS</b></p> <p>Contribution Date (yyyymmdd)* <span style="float: right;">(\$ ) Contribution Amount*</span></p> <p style="border: 1px solid black; padding: 2px;">20181016 <span style="float: right; border: 1px solid black; padding: 2px;">\$400.00</span></p>	



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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 type="text"/>	<input type="text" value="Mark"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		<input type="text" value="Littlefield"/>	<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="7906 Henry Kinney Row"/>	<input type="text"/>
		Contributor City*	Contributor State*    Contributor Zip Code*
		<input type="text" value="Austin"/>	<input type="text" value="TX"/> <input type="text" value="78749"/>
		Contributor Employer*	Contributor Occupation*
		<input type="text" value="Littlefield Consulting"/>	<input type="text" value="Consultant"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		<input type="text" value="20181003"/>	<input type="text" value="\$1,052.95"/>



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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 type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Focused Advocacy"/>	
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="816 Congress Ave."/>  Contributor City* <input type="text" value="Austin"/>  Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text" value="Ste. 370"/>  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="20181015"/>	(\$) Contribution Amount* <input type="text" value="\$2,631.89"/>



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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="Frederick, Perales, Allmon, &amp; Rockwell"/>				
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="1206 San Antonio Street"/>	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="78701"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181008"/>	(\$) Contribution Amount* <input type="text" value="\$263.47"/>			



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*
		<input type="text"/>	<input type="text" value="Marisa"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		<input type="text" value="Perales"/>	<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="2104 Willow 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="78702"/>
		Contributor Employer*	Contributor Occupation*
		<input type="text" value="Frederick, Perales, Allmon &amp; Rockwell P.C."/>	<input type="text" value="Attorney"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
		<input type="text" value="20181008"/>	<input type="text" value="\$105.58"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual		Lauren	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Rice		
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		1710 Shelbourne Drive		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78752
		Contributor Employer*	Contributor Occupation*	
		Frederick, Perales, Allmon & Rockwell P.C.	Attorney	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20181010		\$105.58



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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="Richard"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Lowerre"/> <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="1206 San Antonio Street"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Self"/> <input type="text" value="Attorney"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181008"/> <input type="text" value="\$100.00"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*		
	<input checked="" type="checkbox"/> Contributor is an individual	<input type="text"/>	<input type="text" value="Paul"/>		
		Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="Silver"/>		<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="1900 Bremen 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="None"/>		<input type="text" value="Retired"/>	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*			(\$) Contribution Amount*
		<input type="text" value="20181014"/>			<input type="text" value="\$26.53"/>



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<b>1</b>	<b>CONTRIBUTOR NAME</b>	Contributor Title	Contributor First Name*
	<input checked="" type="checkbox"/> Contributor is an individual		Flannery
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		Bope	
<b>2</b>	<b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*	
		1512 Holstein Dr	Contributor Apartment or Suite Number
		Contributor City*	Contributor State*    Contributor Zip Code*
		Austin	TX    78758
		Contributor Employer*	Contributor Occupation*
		Concierge Auctions	Digital Marketing Manager
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*	
		20181016	(\$) Contribution Amount*
			\$26.63



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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="Jacob"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Childress"/> <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="1811 Loreto 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="78721"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Ping Identity"/> <input type="text" value="Software Engineer"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181018"/> <input type="text" value="\$26.63"/>



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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="Liberal Austin Democrats"/>																		
<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 49712"/></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" value="78765"/></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 49712"/>	<input type="text"/>		Contributor City*	Contributor State*	Contributor Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78765"/>	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 49712"/>	<input type="text"/>																		
Contributor City*	Contributor State*	Contributor Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78765"/>																	
Contributor Employer*	Contributor Occupation*																		
<input type="text"/>	<input type="text"/>																		
<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="20181009"/></td> <td><input type="text" value="\$250.00"/></td> </tr> </table>	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	<input type="text" value="20181009"/>	<input type="text" value="\$250.00"/>														
Contribution Date (yyyymmdd)*	(\$) Contribution Amount*																		
<input type="text" value="20181009"/>	<input type="text" value="\$250.00"/>																		



# 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="Anne"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Peticolas"/> <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="5730 Abilene Trail"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78749"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="University of Texas"/> <input type="text" value="Senior Systems Analyst"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181020"/> <input type="text" value="\$25.00"/>



# 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	Contributor First Name*
		<input type="text"/>	<input type="text" value="Kristin"/>
	<input checked="" type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
		<input type="text" value="Fine"/>	<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="2008 Holland Ave"/>	<input type="text" value="Unit B"/>
		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" value="RevUp Software"/>	<input type="text" value="Account Manager"/>
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*	(\$ ) Contribution Amount*
		<input type="text" value="20181020"/>	<input type="text" value="\$52.95"/>



# 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	Contributor First Name*		
	<input checked="" type="checkbox"/> Contributor is an individual	<input type="text"/>	<input type="text" value="Kelly"/>		
		Organization Name or Contributor Last Name, as applicable*		Contributor Suffix	
		<input type="text" value="White"/>		<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="613 W. 33rd Str."/>		<input type="text"/>	
		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="SAFE"/>		<input type="text" value="CEO"/>	
<b>3</b>	<b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*			(\$) Contribution Amount*
		<input type="text" value="20181020"/>			<input type="text" value="\$26.63"/>



# 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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Roxanne"/> Organization Name or Contributor Last Name, as applicable* <input type="text" value="Elder"/> Contributor Suffix <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box* <input type="text" value="P.O. Box 29179"/> 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="78755"/> Contributor Employer* <input type="text" value="Self"/> Contributor Occupation* <input type="text" value="Social Entrepreneur"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)* <input type="text" value="20181020"/> (\$) Contribution Amount* <input type="text" value="\$100.00"/>



# 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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="James"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Allison"/> <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="402 W. 12th 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="78701"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Allison, Bass &amp; Magee"/> <input type="text" value="Attorney"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181020"/> <input type="text" value="\$52.95"/>



**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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> Bert <input type="text"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix Pluymen <input type="text"/> <input type="text"/>
<b>2</b>  <b>CONTRIBUTOR ADDRESS AND EMPLOYER</b>	Contributor Address/ PO Box*    Contributor Apartment or Suite Number 2705 Bee Caves Road, Suite 225 <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* Austin    TX    78746  Contributor Employer*    Contributor Occupation* Pluymen Law PLLC    Attorney
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* 20181020    \$105.58



# 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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Wendy"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Gordon"/> <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="7130 Valburn Drive"/> <input type="text"/>  Contributor City*    Contributor State*    Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78731"/>  Contributor Employer*    Contributor Occupation* <input type="text" value="Ecologia Consulting"/> <input type="text" value="Scientist"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181021"/> <input type="text" value="\$26.63"/>



# 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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title    Contributor First Name* <input type="text"/> <input type="text" value="Jim"/>  Organization Name or Contributor Last Name, as applicable*    Contributor Suffix <input type="text" value="Marston"/> <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="2810 Townes Lane"/> <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="EDF"/> <input type="text" value="Regional Director"/>
<b>3</b>  <b>CONTRIBUTION DETAILS</b>	Contribution Date (yyyymmdd)*    (\$) Contribution Amount* <input type="text" value="20181021"/> <input type="text" value="\$105.58"/>

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