

Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

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1	Committee or Organization Name* Austin Board of REALTORS PAC		
INDIVIDUAL			
OR		· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————
ORGANIZATION			
NAME			
Filer is an individual			
			•
2 INDIVIDUAL OR	Address/ PO Box*	Apartment or Suite Number	
	4800 Spicewood Springs Rd		
ORGANIZATION ADDRESS	City*	State*	Zip Code*
ADUKESS	Austin	TX	78759
3			
COMMITTEE TREASURER	Title First Name	N	Aiddle Initial
NAME	Ms Emily		
(if applicable)	Last Name	Suffix	
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4	Address/ PO Box	Apartment or Sui	the Birman of
COMMITTEE TREASURER	4800 Spicewood Springs Rd.	Apartment or Sui	ite Number ,
ADDRESS	City	State	Zip Code
(if applicable)	Austin	TX	78759
5	Date Filed (yyyymmdd)*		
REPORT DATE	20181024		
	20101024		

^{*} Indicates a required field



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.

AFFIANT'S SIGNATURE

DATE: 10.25.2013

JUNIFEW WILLIAMS

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

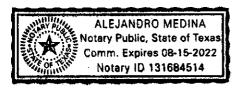
This instrument was acknowledged, sworn to and subscribed before me by

Jenniter Williams

On the 25 day of October, 2018, to certify which witness my hand and official seal.

Blind Mel Alejandro Medina

Notary Public in and for the State of Texas Typed or Printed Name of Notary





Expenditure

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

PAYEE NAME Payee is an individual	Organization Name or Payee Last Name, as applicable* Kelly Graphics		
PAYEE ADDRESS	Payee Address/ PO Box* 1409 Quaker Ridge Payee City* Austin	Payee Apartment Payee State*	Payee Zip Code*
3 EXPENDITURE DETAILS	Category* Advertising Expense Description (If Category is "Other")	(\$) Expenditure Amount* \$85,355.67 Expenditure Date* 20181022	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Adler - Support	Steve	Mayor	Mayor
Renteria - Support	Sabino "Pio"	Council Member District 3	Council Member District 3
Skidmore - Support	Danielle	Council Member District 9	
Proposition A - Support			
Proposition A-G - Support			
			-



Expenditure

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

PAYEE NAME Payee is an individual	Organization Name or Payee Last Name, as applicable* City Lights Group		
PAYEE ADDRESS	Payee Address/ PO Box* 1605 Kerr Street Payee City* Austin	Payee Apartment Payee State*	or Suite Number Payee Zip Code* 78704
3 EXPENDITURE DETAILS	Category* Advertising Expense Description (If Category is "Other")	(\$) Expenditure Amount* \$23,000.00 Expenditure Date* 20181022	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Adler - Support	Steve	Mayor	Mayor
Renteria - Support	Sabino "Pio"	Council Member District 3	Council Member District 3
Skidmore - Suppart	Danielle	Council Member District 9	
Propositions A-G			
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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.

CONTRIBUTOR NAME Contributor is an individual CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Title Contributor First Name* Organization Name or Contributor Last Name, as applicable* Contributor Address/ PO Box* Contributor City* Contributor Employer*	Contributor Suffix Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* Contributor Occupation*
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*

Add Another Contribution Page