



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

OCC RECEIVED AT
OCT 26 '18 PM 4:39

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* <input type="text" value="Austin Together PAC"/>
2 INDIVIDUAL OR ORGANIZATION ADDRESS	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"/>
3 COMMITTEE TREASURER NAME (if applicable)	Title <input type="text" value="Ms."/> 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"/>
4 COMMITTEE TREASURER ADDRESS (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"/>
5 REPORT DATE	Date Filed (yyyymmdd)* <input type="text" value="20181026"/>

* 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: 10/26/18

[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

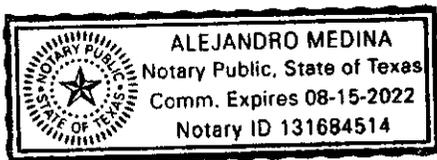
On the 26 day of October, 2018, to certify which witness my hand and official seal.

[Signature]

Notary Public in and for the State of Texas

Alejandro Medina

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 <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Ascension"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="4040 Vincennes Circle"/> Contributor City* <input type="text" value="Indianapolis"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text"/> Contributor State* Contributor Zip Code* <input type="text" value="IN"/> <input type="text" value="46268"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181019"/>	(\$) Contribution Amount* <input type="text" value="\$2,500.00"/>



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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="Surveying and Mapping LLC"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="4801 Southwest Parkway"/> Contributor City* <input type="text" value="Austin"/> Contributor Employer* <input type="text"/>	Contributor Apartment or Suite Number <input type="text" value="Parkway Two, Suite 100"/> Contributor State* Contributor Zip Code* <input type="text" value="TX"/> <input type="text" value="78735"/> Contributor Occupation* <input type="text"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181019"/>	(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>



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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="Brian"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Dolezal"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="1309 Norwood 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="Catellus"/> <input type="text" value="Vice President Marketing & Communications"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20181019"/> <input type="text" value="\$500.00"/>



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1	<p style="text-align: center;">CONTRIBUTOR NAME</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;">CP&Y, Inc.</p>	
2	<p style="text-align: center;">CONTRIBUTOR ADDRESS AND EMPLOYER</p> <p>Contributor Address/ PO Box* Contributor Apartment or Suite Number</p> <p style="border: 1px solid black; padding: 2px;">1820 Regal Row Ste. 200</p> <p>Contributor City* Contributor State* Contributor Zip Code*</p> <p style="border: 1px solid black; padding: 2px;">Dallas TX 75235</p> <p>Contributor Employer* Contributor Occupation*</p> <p style="border: 1px solid black; padding: 2px;"> </p>	
3	<p style="text-align: center;">CONTRIBUTION DETAILS</p> <p>Contribution Date (yyyymmdd)* (\$) Contribution Amount*</p> <p style="border: 1px solid black; padding: 2px;">20181019 \$1,000.00</p>	



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1	CONTRIBUTOR NAME	Contributor Title	Contributor First Name*	
	<input checked="" type="checkbox"/> Contributor is an individual		Julie	
		Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
		Harrod		
2	CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box*		Contributor Apartment or Suite Number
		305 E. Huntland Dr.		
		Contributor City*	Contributor State*	Contributor Zip Code*
		Austin	TX	78752
		Contributor Employer*	Contributor Occupation*	
		MWM Design Group	Engineer	
3	CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*		(\$) Contribution Amount*
		20181020		\$200.00



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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="Jeff"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Coddington"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="P.O. Box 5002"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78763"/> Contributor Employer* Contributor Occupation* <input type="text" value="JLL"/> <input type="text" value="Consultant"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20181022"/> <input type="text" value="\$500.00"/>



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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="Douglas"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Manchester"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="101 Red River St."/> <input type="text" value="Level 2"/> 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="Manchester Financial Group"/> <input type="text" value="Real Estate Development"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20181025"/> <input type="text" value="\$5,000.00"/>



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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="Ruthann"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix ¹ <input type="text" value="Rushing"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="130 World of Tennis SQ"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Lakeway"/> <input type="text" value="TX"/> <input type="text" value="78736"/> Contributor Employer* Contributor Occupation* <input type="text" value="None"/> <input type="text" value="Retired"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20181012"/> <input type="text" value="\$25.00"/>



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1 CONTRIBUTOR NAME <input checked="" type="checkbox"/> Contributor is an individual	Contributor Title <input type="text"/> Contributor First Name* <input type="text" value="Arnold"/> Organization Name or Contributor Last Name, as applicable* <input type="text" value="Garcia"/> Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="P.O. Box 2287"/> 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="78768"/> Contributor Employer* <input type="text" value="Self"/> Contributor Occupation* <input type="text" value="Attorney"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181012"/> (\$) Contribution Amount* <input type="text" value="\$100.00"/>

Add Another Contribution Page