

OCC RECEIVED AT

Use this form to report contributions received and expenditures made between the 9th day before the Election and the day before the Election that have met the monetary thresholds identified in City Code 2-2-29. For detailed instructions on how to complete this form, see the **Pre-Election Report: Political Committees Instruction Guide**

1		Committee Name*							
-	COMMITTEE NAME.	Vote Yes on Prop K	(
2		Address/ PO Box				Apar	tment or S	uite Number	`
	COMMITTEE	806 Jewell St			·				
	ADDRESS	City				State	e	Zip Code	
		Austin		N =		TX		78704	
3	COMMITTEE TREASURER	l r	first Name Michael	***	,			Middle Initial	
	NAME	Nickname	-	Last Name Searle					Suffix
4		Address/ PO Box 806 Jewell St			·	Apar	tment or S	uite Number	
•	ADDRESS	City				State	2	Zip Code 78704	.,,
5	REPORTING PERIOD	Start Date (yyyymn 20181009	ndd)*		THROUGH	Г	End Date (\) 20181029	ууууmmdd)*	

^{*} Indicates a required field

6 SCHEDULES	×	Schedule ATX.7A - Pre-Election Report of Contributions
ATTACHED		
Check box for each form attached		Schedule ATX.7F - Pre-Election Report of Expenditures

AFFIDAVIT

By signature below, I certify that the Pre-Election Report 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 2-2-29 for the reporting period indicated.

Signature of Affiant



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

		·
1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* James	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable Benefico	* Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5500 Basswood Ln Contributor City* Austin Contributor Employer Self Employed Per City Code 2-2-29(d), employer and occupation are require	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78723 Contributor Occupation Entrepreneur red for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181010 In-Kind Contribution Description, if applicable	(\$) Contribution Amount* \$10.00



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name*	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable	* Contributor Suffix
	McNelis	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	4307 Belivue	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78756
EMPLOYER	Contributor Employer	Contributor Occupation
-	Kolache Factory	Owner
	Per City Code 2-2-29(d), employer and occupation are require	ed for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181010	\$50.00
DETAILS	In-Kind Contribution Description, if applicable	
·	·	
	<u> </u>	. <u> </u>



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Kolin	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Maki	· ·
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 5500 Basswood Lane Contributor City* Austin Contributor Employer Organic Muscle Per City Code 2-2-29(d), employer and occupation are required	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78723 Contributor Occupation Sales for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181010	\$10.00
DETAILS	In-Kind Contribution Description, if applicable	
		,



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Stacy Organization Name or Contributor Last Name, as applicable* Hock	Contributor Suffix	
4 · *	Contributor Address/ PO Box*	Contributor Apartm	ent or Suite Number
CONTRIBUTOR	3331 Westlake Drive		
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*	
AND	Austin	TX	78746
EMPLOYER	Contributor Employer	Contributor Occupation	
	Retired	Retired	
	Per City Code 2-2-29(d), employer and occupation are required f	or individuals whose co	ontribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution An	nount*
CONTRIBUTION	20181010	\$10,000.00	
DETAILS	In-Kind Contribution Description, if applicable		
•			



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME	Contributor Title Contributor First Name* Bryan		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Hardeman		
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
CONTRIBUTOR	6757 Airport Blvd		
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*	
AND	Austin	TX 78752	
EMPLOYER	Contributor Employer	Contributor Occupation	
·	Self Employed	Sales	
	Per City Code 2-2-29(d), employer and occupation are required	d for individuals whose contribution is \$200 or more	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
CONTRIBUTION	20181011	\$5,000.00	
DETAILS	In-Kind Contribution Description, if applicable		
·	-		
	L		



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1			
CONTRIBUTOR	Contributor Title Contributor First Name*		
NAME	Carly		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
	Jackson		
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number	
CONTRIBUTOR	PO Box 17186		
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*	
AND	Austin	TX 78760	
EMPLOYER ∃	Contributor Employer	Contributor Occupation	
	Seasteading Institute	Operations Manager	
	Per City Code 2-2-29(d), employer and occupation are require	d for individuals whose contribution is \$200 or more	
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
CONTRIBUTION	20181010	\$10.00	
DETAILS	In-Kind Contribution Description, if applicable		



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Gordon Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Smith Contributor Address/ PO Box* 7301 Waterline Road Contributor City* Austin Contributor Employer Advantest America Per City Code 2-2-29(d), employer and occupation are required	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78731 Contributor Occupation Applications Engineer for individuals whose contribution is \$200 or more
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181016 In-Kind Contribution Description, if applicable	(\$) Contribution Amount* \$10.00



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Richard	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
	Fonte	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	5804 Cyrilla Drive	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78759
EMPLOYER	Contributor Employer	Contributor Occupation
	Austin Community College	Faculty - Part Time
· ·	Per City Code 2-2-29(d), employer and occupation are required f	for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181017	\$100.00
DETAILS	In-Kind Contribution Description, if applicable	



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Ashley Organization Name or Contributor Last Name, as applicable Hodgini	* Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 11603 Sterlinghill Drive Contributor City* Austin Contributor Employer Expedia Group Per City Code 2-2-29(d), employer and occupation are required.	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78758 Contributor Occupation Government Affairs red for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181017 In-Kind Contribution Description, if applicable	(\$) Contribution Amount*



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name*	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Troxclair	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1500 Surrey Hill Dr Contributor City* Austin Contributor Employer Self Per City Code 2-2-29(d), employer and occupation are required	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78746 Contributor Occupation Realtor for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181017	(\$) Contribution Amount* \$2,500.00
	In-Kind Contribution Description, if applicable	



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME	Contributor Title Contributor First Name* Colin	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* McFerrin	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 187 Elmhurst, Suite A Contributor City* Kyle Contributor Employer McFerrin & Zayed, PLLC Per City Code 2-2-29(d), employer and occupation are required for	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78640 Contributor Occupation Attorney for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181017 In-Kind Contribution Description, if applicable	(\$) Contribution Amount* \$100.00



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Laurie Organization Name or Contributor Last Name, as applicable* Worsham	Contributor Suffix
2 CONTRIBUTOR	Contributor Address/ PO Box* 1105 Norwalk Ln	Contributor Apartment or Suite Number
ADDRESS AND	Contributor City*	Contributor State* Contributor Zip Code* TX 78703
EMPLOYER	Contributor Employer None	Contributor Occupation Mom
	Per City Code 2-2-29(d), employer and occupation are required f	ا الـــــــــــــــــــــــــــــــــــ
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION DETAILS	20181020	\$100.00
DETAILS	In-Kind Contribution Description, if applicable	



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Joe Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
,	Hootman	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 11919 Meadowfire Contributor City* Austin Contributor Employer RetailMeNot Per City Code 2-2-29(d), employer and occupation are required	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78758 Contributor Occupation Sr. Quality Engineer for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181021	\$10.00
DETAILS	In-Kind Contribution Description, if applicable	
`		



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name* Brian	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable* Rodgers	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1112 West 9th St Contributor City* Austin Contributor Employer Rodgers & Reichle Inc Per City Code 2-2-29(d), employer and occupation are required	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78703 Contributor Occupation Real Estate Investor for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181022 In-Kind Contribution Description, if applicable	(\$) Contribution Amount* \$500.00



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* David Organization Name or Contributor Last Name, as applicable* King	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1808 Kerr St Contributor City* Austin Contributor Employer Retired Per City Code 2-2-29(d), employer and occupation are required	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* TX 78704 Contributor Occupation Retired for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181022 In-Kind Contribution Description, if applicable	(\$) Contribution Amount* \$50.00



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Paul Organization Name or Contributor Last Name, as applicable* Zito	Contributor Suffix	
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 4445 River Garden Trail Contributor City* Austin Contributor Employer Retired Per City Code 2-2-29(d), employer and occupation are required for	Contributor State* TX Contributor Occupation Investor	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181023 In-Kind Contribution Description, if applicable	(\$) Contribution Am \$5,000.00	nount*
	i		



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Kristi Organization Name or Contributor Last Name, as app McKenzie	icable* Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 2208 Forest Trail Dr Contributor City* Austin Contributor Employer OBHG Per City Code 2-2-29(d), employer and occupation are	Contributor Apartment or Suite Number A Contributor State* Contributor Zip Code* TX 78703 Contributor Occupation Physician required for individuals whose contribution is \$200 or more
CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181023 In-Kind Contribution Description, if applicable	(\$) Contribution Amount* \$10.00



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME	Contributor Title Contributor First Name* Kevin	
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
. /	Countie	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	10300 Ember Glen Dr	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78726
EMPLOYER	Contributor Employer	Contributor Occupation
	DOJ/DEA	Intelligence Analyst
, ,	Per City Code 2-2-29(d), employer and occupation are required	for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181023	\$100.00
DETAILS	In-Kind Contribution Description, if applicable	
·		<u> </u>



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR NAME	Contributor Title Contributor First Name*	
Contributor is an individual	Organization Name or Contributor Last Name, as appli	cable* Contributor Suffix
	BOMA Austin	
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR	PO Box 201742	
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND	Austin	TX 78720
EMPLOYER	Contributor Employer	Contributor Occupation
	BOMA Austin	BOMA Austin
	Per City Code 2-2-29(d), employer and occupation are	required for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION	20181023	\$500.00
DETAILS	In-Kind Contribution Description, if applicable	



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1			
CONTRIBUTOR	Contributor Title Contributor First Name*		•
NAME	Ron		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix	
·	Yokubaitis		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	2500 Bee Cave Rd	400	`
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	тх	78746
EMPLOYER	Contributor Employer	Contributor Occupat	tion
• • • • • • • • • • • • • • • • • • •	Golden Frog	CEO	
	Per City Code 2-2-29(d), employer and occupation are required	for individuals whose co	ontribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
CONTRIBUTION	20181023	\$500.00	
DETAILS	In-Kind Contribution Description, if applicable		



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

CONTRIBUTOR NAME Contributor is an individual	Contributor Title Contributor First Name* Organization Name or Contributor Last Name, as applicable* Reagan National Advertising of Austin, Inc.	Contributor Suffix
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 1775 North Warm Springs Road Contributor City* Salt Lake City Contributor Employer Reagan National Advertising of Austin Per City Code 2-2-29(d), employer and occupation are required	Contributor Apartment or Suite Number Contributor State* Contributor Zip Code* UT 84116 Contributor Occupation Reagan National Advertising of Austin for individuals whose contribution is \$200 or more
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181010 In-Kind Contribution Description, if applicable	(\$) Contribution Amount* \$1,000.00



Pre-Election Report of Contributions: Schedule ATX.7A

(Attach to Form ATX.7PAC Coversheet)

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

* Indicates a required field

1 CONTRIBUTOR	Contributor Title Contributor First Name*	
NAME ·		
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*	Contributor Suffix
2	Contributor Address/ PO Box*	Contributor Apartment or Suite Number
CONTRIBUTOR		
ADDRESS	Contributor City*	Contributor State* Contributor Zip Code*
AND ·		
EMPLOYER	Contributor Employer	Contributor Occupation
	Per City Code 2-2-29(d), employer and occupation are required	for individuals whose contribution is \$200 or more
3	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*
CONTRIBUTION		
DETAILS	In-Kind Contribution Description, if applicable	•



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

		•		·
1				
	PAYEE			
	NAME	Organization Name or Payee Last Name, as applicable*	<u>.</u>	
	Payee is an individual	Thomas Graphics]	
2.	· · · · · · · · · · · · · · · · · · ·	Payee Address/ PO Box*	Payee Apartment	or Suite Number
	PAYEE	9501 N-IH 35		
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
٠		Austin	TX	78753
3	••	Category*	(\$) Expenditure A	mount*
	EXPENDITURE	Printing Expense	\$734.65	
	DETAILS	Description (If Category is "Other")	Expenditure Date	*
			20181015	
Ι.	,	· ·		i i



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3.
For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1				
	PAYEE			
İ	NAME	Organization Name or Payee Last Name, as applicable*		•
	Payee is an individual	Rumble Up		
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number
:	PAYEE.	2021 L St NW		
,	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	· · · · · · · · · · · · · · · · · · ·	Washington	DC	20037 ι
3	· •	Category*	(\$) Expenditure /	Amount*
	EXPENDITURE	Other (use Description field)	\$378.00	
, ***** *	DETAILS	Description (If Category is "Other")	Expenditure Date	*
	•	Text Messaging Program	20181015	·
· .			<u> </u>	



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1		-	
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Benezet Consulting, LLC		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3800 Creek Rd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Dripping Springs	TX	78620
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Salaries/Wages/Contract labor	\$5,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Consulting & Labor	20181015	



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3.
For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Lady Printing]	
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	PO Box 8429		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
* .	Seminole _	FL	33775
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Printing Expense	\$322.97	
DETAILS	Description (if Category is "Other")	Expenditure Date	*
		20181017	



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3.
For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1				
	PAYEE	•		
		•		•
	NAME	Organization Name or Payee Last Name, as applicable*	_	
	Payee is an individual	Local Voice Solutions, LLC .		
2			•	
		Payee Address/ PO Box*	Payee Apartment	or Suite Number
	PAYEE	3800 Thompson St		
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
		Austin	тх	78702
3	<u> </u>			•
		Category*	(\$) Expenditure A	kmount*
	EXPENDITURE	Advertising Expense	\$2,500.00	
	DETAILS	Description (If Category is "Other")	Expenditure Date	*
		Radio Ads Placement	20181019	



Expenditure

NOED 1

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3.
For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1				
PAYEE			•	
NAME	Organization Name or Payee Last Name, as applicable*			
Payee is an individual	Rumble Up			
2	Payee Address/ PO Box*	Payée Apartment	or Suite Number	_
PAYEE	2021 L St NW			
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	<u> </u>
	Washington	DC	20037	
3	Category*	(\$) Expenditure A	Amount*	
EXPENDITURE	Other (use Description field)	\$1,516.67		٦
DETAILS	Description (If Category is "Other")	Expenditure Date	*	
	Text Message Program	20181022		



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1**: **Report of Direct** Campaign Expenditures

* Indicates a required field

PAYEE			
NAME Payee is an individual	Organization Name or Payee Last Name, as applicable* Rumble Up		•
PAYEE ADDRESS	Payee Address/ PO Box* 2021 L St NW Payee City* Washington	Payee Apartment Payee State*	or Suite Number Payee Zip Code* 20037
3 EXPENDITURE DETAILS	Category* Other (use Description field) Description (If Category is "Other") Text Message Program	(\$) Expenditure A \$3,853.00 Expenditure Date 20181023	



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1**: **Report of Direct Campaign Expenditures**

* Indicates a required field

1			•
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	City of Austin		. 2
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	301 W 2nd St		ļ
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	ТХ	78701
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Office Overhead/Rental Expense	\$53.24	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Utility Bill	20181024	



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

-				
1	•			
	PAYEE	ĺ		
	NAME	Organization Name or Payee Last Name, as applicable*		•
	Payee is an individual	Bill Matrix	,	
_				
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number
	PAYEE	8750 North Central Expressway		
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
		Dallas	TX .	75231
_				
3		Category*	(\$) Expenditure Ar	mount*
	EXPENDITURE	Fees	\$3.49	
	DETAILS	Description (If Category is "Other")	Expenditure Date ⁸	•
		Utility Bill - Card Payment Fee	20181024	
			•	•.



Expenditure

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

(Attach to Form ATX, 7PAC Coversheet)

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1					
	PAYEE		,		
	NAME	Organization Name or Payee Last Name, as applicable*			
☐ Pa	yee is an individual	Lady Printing]		
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number	
	PAYEE	PO Box 8429			
·	ADDRESS	Payee City*	Payee State*	Payee Zip Code*	_
		Seminole	FL	33775	\rfloor
3 .		Category*	(\$) Expenditure A	······································	
EX	PENDITURE	Printing Expense	\$322.97		
	DETAILS	Description (If Category is "Other")	Expenditure Date	*	
	1		20181025		



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1**: **Report of Direct Campaign Expenditures**

* Indicates a required field

1		• '	
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Benezet Consulting, LLC]	•
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3800 Creek Rd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Dripping Springs	TX	78620
3	Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Consulting Expense	\$1,000.00	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
	Consulting Retainer	20181018	



Expenditure

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

(Attach to Form ATX.7PAC Coversheet)

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

PAYEE			·
NAME	Organization Name or Payee Last Name, as applicable*	_	
yee is an individual	Benezet Consulting, LLC		•
	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	3800 Creek Rd		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Dripping Springs	ТХ	78620
	Category*	(\$) Expenditure A	\mount*
PENDITURE	Salaries/Wages/Contract labor	\$1,115.24	,
DETAILS	Description (If Category is "Other")	Expenditure Date	*
•	Labor Costs	20181018	
	NAME yee is an individual PAYEE ADDRESS PENDITURE	NAME Organization Name or Payee Last Name, as applicable* Benezet Consulting, LLC Payee Address/ PO Box* 3800 Creek Rd Payee City* Dripping Springs Category* Salaries/Wages/Contract labor Description (If Category is "Other")	NAME Organization Name or Payee Last Name, as applicable* Benezet Consulting, LLC Payee Address/ PO Box* Payee Apartment 3800 Creek Rd Payee City* Pripping Springs TX Category* Category* Salaries/Wages/Contract labor Description (If Category is "Other") Expenditure Date



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1				
PAYEE	· ·			
NAME	Organization Name or Payee Last Name, as applicable*			
Payee is an individual	Benezet Consulting, LLC			
2	Payee Address/ PO Box*	Payee Apartment	Payee Apartment or Suite Number	
PAYEE	3800 Creek Rd			
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
,	Dripping Springs	TX	78620	
3	Category*	(\$) Expenditure A	(\$) Expenditure Amount* \$6,989.88 Expenditure Date* 20181025	
EXPÉNDITURE	Salaries/Wages/Contract labor	\$6,989.88		
DETAILS	Description (If Category is "Other")	Expenditure Date ^x		
	Management and Labor	20181025		



Expenditure

Itemize each expenditure in Sections 1-3.

(Attach to Form ATX.7PAC Coversheet)

For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct Campaign Expenditures**

* Indicates a required field

1	,		
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Google, Inc		•
2	Payee Address/ PO Box*	Payee Apartment or Suite Number	
PAYEE	1600 Amphitheatre Parkway		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Mountainview	CA	94043
3	Category*	(\$) Expenditure Amount*	
EXPENDITURE	Advertising Expense	\$350.00	
DETAILS	Description (If Category is "Other")	Expenditure Date* 20181027	



Expenditure

(Attach to Form ATX.7PAC Coversheet)

Itemize each expenditure in Sections 1-3. For additional expenditures, click "Add Another Expenditure Page" below.

Note: To report a Direct Campaign Expenditure as defined in City Code 2-2-31, use form **ATX.1: Report of Direct** Campaign Expenditures

* Indicates a required field

1				
PAYEE				
· NAME	Organization Name or Payee Last Name, as applicable*	_		
Payee is an individual	Rumble Up			
2	Payee Address/ PO Box*	Payee Apartment or Suite Number		
PAYEE	2021 L St NW		·	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*	
	Washington	DC	20037	
3	Category*	(\$) Expenditure A	(\$) Expenditure Amount*	
EXPENDITURE	Other (use Description field)	\$2,075.00		
DETAILS	Description (If Category is "Other")	Expenditure Date* 20181027		
	Text Message Program			

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