



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

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NOV 1 '18 PM 2:34

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 Ed 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)* 20181101

* 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: 11-1-18

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 1st day of November, 2018, to certify which witness my hand and official seal.

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 <input type="checkbox"/> Contributor is an individual	Organization Name or Contributor Last Name, as applicable* <input type="text" value="Alori Property Management, Inc."/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="509 Oakland Ave."/>	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="78705"/>
	Contributor Employer* <input type="text" value="n/a"/>	Contributor Occupation* <input type="text" value="n/a"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181031"/>	(\$) Contribution Amount* <input type="text" value="\$1,000.00"/>	



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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="Lighthouse Solar Austin"/>		
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="2000 South 7th 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="78704"/>
	Contributor Employer* <input type="text" value="n/a"/>	Contributor Occupation* <input type="text" value="n/a"/>	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181031"/>		(\$) Contribution Amount* <input type="text" value="\$750.00"/>



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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="NRP Holdings, LLC"/>	
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="1228 Euclid Ave."/> Contributor City* <input type="text" value="Cleveland"/> Contributor Employer* <input type="text" value="n/a"/>	Contributor Apartment or Suite Number <input type="text" value="400"/> Contributor State* Contributor Zip Code* <input type="text" value="OH"/> <input type="text" value="44115"/> Contributor Occupation* <input type="text" value="n/a"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181031"/>	(\$) Contribution Amount* <input type="text" value="\$10,000.00"/>

[Add Another Contribution Page](#)