

OCC RECEIVED AT NOV 1'18 PM2:57

1	Committee or Organization Name*		
INDIVIDUAL	The Real Estate Council of Austin, Inc. Advancing Democracy PAC		
OR			,
ORGANIZATION		•	
NAME	•		
Filer is an individual	·	•	;
			!
	·		
INDIVIDUAL OR	Address/ PO Box*	Apartment or S	uite Number
ORGANIZATION	98 San Jacinto Blvd.	Suite 510	. 1.
ADDRESS	City*	State*	Zip Code*
ADDRESS	Austin	TX	78701
3		<u> </u>	· · · · · · · · · · · · · · · · · · ·
COMMITTEE TREASURER	Title First Name	····	Middle Initial
NAME	Susan		
(if applicable)	Last Name	Suffix	
, ,,	Harris		
4	Address/ PO Box	Apartment or S	uite Number
COMMITTEE TREASURER	98 San Jacinto Blvd.	Suite 510	
ADDRESS	City	State	Zip Code
(if applicable)	Austin	TX	78701
5	Date Filed (yyyymmdd)*		
REPORT DATE	20181031		

^{*} 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.

DATE: 11/01/2018	Geoffry Tahvaha
AFFIANT'S SIGNATURE	PRINT NAME
STATE OF TEXAS	
COUNTY OF TRAVIS	
This instrument was acknowledged, sworn to and sub	
On the 15 day of NOVEMBER	$-$, $\frac{\partial 0 \emptyset }{\partial x}$, to certify which witness my hand and official seal.
Notable Public in and for the State of Texas	Frances Agrilar-Repka



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

1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*	_	
Payee is an individual	Upstream Communications LP		
2	Payee Address/ PO Box*	Payee Apartment	or Suite Number
PAYEE	811 Trinity St	Unit A	
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78701
3	· Category*	(\$) Expenditure A	Amount*
EXPENDITURE	Advertising Expense	\$3,277.90	
DETAILS	Description (If Category is "Other")	Expenditure Date	*
		20181030	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Renteria	Sabino		Austin City Council, District 3
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	·		
	·	•	



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* Upstream Communications LP		
PAYEE ADDRESS	Payee Address/ PO Box* 811 Trinity St. Payee City* Austin	Payee Apartment Payee State* TX	or Suite Number Payee Zip Code* 78701
3 EXPENDITURE DETAILS	Category* Advertising Expense Description (If Category is "Other")	(\$) Expenditure A \$3,241.39 Expenditure Date 20181030	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Harper-Madison	Natasha	Austin City Council, District 1	
			•
	·		
•			



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

1			
PAYEE			
NAME	Organization Name or Payee Last Name, as applicable*		
Payee is an individual	Upstream Communications LP		
2	Payee Address/ PO Box*	Payee Apartment (or Suite Number
PAYEE	811 Trinity St.		
ADDRESS	Payee City*	Payee State*	Payee Zip Code*
	Austin	тх	78701
3	Category*	(\$) Expenditure A	mount*
EXPENDITURE	Advertising Expense	\$8,095.69	
DETAILS	Description (If Category is "Other")	Expenditure Date*	k
		20181030	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought Office Held (if applicable) (if applicable)	
Renteria	Sabino	Austin City Council, District 3	
	·		
	·		
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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* Upstream Communications LP		
PAYEE ADDRESS	Payee Address/ PO Box* 811 Trinity St. Payee City* Austin	Payee Apartment Payee State*	or Suite Number Payee Zip Code* 78701
3 EXPENDITURE DETAILS	Category* Advertising Expense Description (If Category is "Other")	(\$) Expenditure A \$8,631.99 Expenditure Date 20181030	

4 Identify each candidate or ballot measure supported or opposed by the above expenditure, as applicable			
Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Harper-Madison	Natasha	Austin City Council, District 1	
		.	
		·	



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	Organization Name or Contributor Last Name, as applicable* Home Builders Association of Greater Austin HOMEPAC Corp		•
CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* 8140 Exchange Drive Contributor City* Austin Contributor Employer*	Contributor Apartme Contributor State* TX Contributor Occupat	Contributor Zip Code* 78754
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* 20181023	(\$) Contribution Am \$5,000.00	ount*



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	Organization Name or Contributor Last Name, as applicable*		
	Corridor Title LLC		
2	Contributor Address/ PO Box*	Contributor Apartme	ent or Suite Number
CONTRIBUTOR	PO Box 1110		
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Dripping Springs	Тх	78620
EMPLOYER	Contributor Employer*	Contributor Occupat	ion*
	N/A	N/A	
3 CONTRIBUTION	Contribution Date (yyyymmdd)*	(\$) Contribution Am	ount*
DETAILS	20181029	\$2,500.00	



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			
Contributor is an individual	Organization Name or Contributor Last Name, as applicable*		
	Bukowski Law Firm, PC		
2	Contributor Address/ PO Box*	Contributor Apartme	nt or Suite Number
CONTRIBUTOR	1601 Rio Grande Street	Suite 300A	
ADDRESS	Contributor City*	Contributor State*	Contributor Zip Code*
AND	Austin	TX	78701
EMPLOYER	Contributor Employer*	Contributor Occupation*	
	N/A	N/A	
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)*	(\$) Contribution Amount*	
	20181030	\$10,000.00	

Add Another Contribution Page