1	Committee or Organization Name*			
INDIVIDUAL	Indy Austin PAC			
OR				
ORGANIZATION				
NAME		•		
Filer is an individual		•		
-		OCC RECEIVED AT NOV 1'18 PM3:40		
2 INDIVIDUAL OR	Address/ PO Box*	Apartment or Suite Number		
ORGANIZATION	PO Box 41479	·		
ADDRESS	City*	State* Zip Code*		
, ADDRESS	Austin	TX 78704		
3 COMMITTEE TREASURER	Title First Name	Middle Initial		
NAME	Last Name	Suffix		
(if applicable)	Curtis			
4	Address/ PO Box	Apartment or Suite Number		
COMMITTEE TREASURER	150 Southshore Road			
ADDRESS	City	State Zip Code		
(if applicable)	Bastrop	TX 78602		
5	Date Filed (yyyymmdd)*			
REPORT DATE	20181101	FRWOESASURAR REPLA		
* Indicates a required fiel	d g	F-piros Anymet 16, 2020		



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

PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

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

day of NOVEM DEV , 2018, to certify which witness my hand and official seal.

vances Aguilar-Repke

Notary Public in and for the State of Texas

FRANCES AGUILAR REPKA My Notary ID # 11133515 Expires August 30, 2020

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.

1				- .
	PAYEE			
	NAME	Organization Name or Payee Last Name, as applicable*	•	
	Payee is an individual	CAC Advising Group LLC		•
2		Payee Address/ PO Box*	Payee Apartment	or Suite Number
	PAYEE	1624 Market St	226	
	ADDRESS	Payee City*	Payee State*	Payee Zip Code*
		Denver	со	80202
3		Category*	(\$) Expenditure A	mount*
	EXPENDITURE	Salaries/Wages/Contract labor	\$12,436.50	
	DETAILS	Description (If Category is "Other")	Expenditure Date ³	*
	•	Payment for petition drive	20181031	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable)
Ordinance w/r/t City land & sports stadiums			•
3000			
·			
~			
		·	
•			
		* **	
			<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
·			
	· · · · · · · · · · · · · · · · · · ·	·	



Expenditure

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

		<u> </u>	·		
1					
	PAYEE				
	NAME	Organization Name or Payee Last Name, as applica	ble*		
	Payee is an individual	Facebook			
2		Payee Address/ PO Box*	Payee Ap	artment or Suite Number	•
	PAYEE	1 Hacker Way			
	ADDRESS	Payee City*	Payee Sta	rte* Payee Zip Code*	
		Menio Park	CA	94025	
3		Category*	(\$) Exper	nditure Amount*	
	EXPENDITURE	Advertising Expense	\$811.00		
	DETAILS	Description (If Category is "Other")	Expenditu	ure Date*	
			20181030) .	

Candidate Last Name or Ballot Measure Supported/Opposed*	Candidate First Name (if applicable)	Office Sought (if applicable)	Office Held (if applicable) Austin City Mayor
Opposed - Adler	Steve	Austin City Mayor	
Support - Ordinance w/r/t City land & sports			
		·	
			_
	·	·	
	:		
			/
·			
			•
V			



Expenditure

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

					•
PAYEE					
NAME	Overnination A	Jama ay Dawaa Laat Nama ay ay Bashi	·*		
Payee is an individual	Organization	Name or Payee Last Name, as applicabl	ie	•	
	Payee Address	s/ PO Box*		Payee Apartment	or Suite Number
PAYEE			•		
ADDRESS	Payee City*			Payee State*	Payee Zip Code*
	Category*		· -	(\$) Expenditure A	mount*
EXPENDITURE		*			
DETAILS	Description (If	Category is "Other")		Expenditure Date	k •
				1 1	
ntify each candidate (or ballot mea	sure supported or opposed b	oy the al	oove expenditure	e, as applicable
ndidate Last Name or Ballot	Measure	Candidate First Name	oy the al	Office Sought	Office Held
	Measure		oy the ab		Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the ab	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the al	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the ab	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the ab	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the ab	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	oy the ab	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the al	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the al	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the al	Office Sought	Office Held
ndidate Last Name or Ballot	Measure	Candidate First Name	by the al	Office Sought	e, as applicable Office Held (if applicable



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

Add Another Contribution Page