



Report Of Direct Campaign Expenditures: Schedule ATX.1

(Previously Independent Expenditures not by a Candidate)

Office Use Only

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NOV 29 '18 PM4:03

1 INDIVIDUAL OR ORGANIZATION NAME <input type="checkbox"/> Filer is an individual	Committee or Organization Name* People's PAC (Austin Texas)
2 INDIVIDUAL OR ORGANIZATION ADDRESS	Address/ PO Box* 2008 Haskell Apartment or Suite Number City* Austin State* TX Zip Code* 78702
3 COMMITTEE TREASURER NAME (if applicable)	Title First Name Elisa Middle Initial R Last Name Montoya Suffix
4 COMMITTEE TREASURER ADDRESS (if applicable)	Address/ PO Box 2008 Haskell Apartment or Suite Number City Austin State TX Zip Code 78702
5 REPORT DATE	Date Filed (yyyymmdd)* 20181129

* 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: 11-29-18

Elisa R. Montoya
AFFIANT'S SIGNATURE

Elisa R. Montoya
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

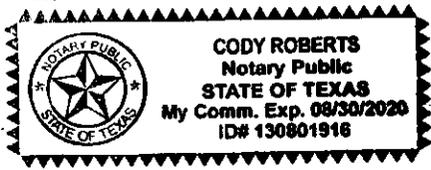
This instrument was acknowledged, sworn to and subscribed before me by

Elisa R. Montoya

On the 29th day of November, 2018, to certify which witness my hand and official seal.

[Signature]
Notary Public in and for the State of Texas

Cody Roberts
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 checked="" type="checkbox"/> Contributor is an individual	Contributor Title Contributor First Name* <input type="text"/> <input type="text" value="Kirk"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="Mitchell"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="PO Box 4023"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78765"/> Contributor Employer* Contributor Occupation* <input type="text" value="self"/> <input type="text" value="business/investor"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20181128"/> <input type="text" value="\$3,333.33"/>



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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="Barbara"/> Organization Name or Contributor Last Name, as applicable* Contributor Suffix <input type="text" value="McArthur"/> <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* Contributor Apartment or Suite Number <input type="text" value="5700 Clay Ave"/> <input type="text"/> Contributor City* Contributor State* Contributor Zip Code* <input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78756"/> Contributor Employer* Contributor Occupation* <input type="text" value="UT"/> <input type="text" value="Researcher"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* (\$) Contribution Amount* <input type="text" value="20181127"/> <input type="text" value="\$400.00"/>



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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="Fred"/> Organization Name or Contributor Last Name, as applicable* <input type="text" value="Lewis"/> Contributor Suffix <input type="text"/>
2 CONTRIBUTOR ADDRESS AND EMPLOYER	Contributor Address/ PO Box* <input type="text" value="309 East 11th Ste 2"/> 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="78701"/> Contributor Employer* <input type="text" value="self"/> Contributor Occupation* <input type="text" value="attorney/business"/>
3 CONTRIBUTION DETAILS	Contribution Date (yyyymmdd)* <input type="text" value="20181127"/> (\$) Contribution Amount* <input type="text" value="\$500.00"/>

[Add Another Contribution Page](#)